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REPORT OF THE PROCEEDINGS
OF THE
NORTHUMBERLAND AND DURHAM
MEDICAL SOCIETY.

SESSION 1870-71.

NEWCASTLE-UPON-TYNE :
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REPORT OF THE PROCEEDINGS

OF THE

CONFERENCE AND LUNCHEON

MEDICAL SOCIETY.

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NORTHUMBERLAND & DURHAM MEDICAL SOCIETY

THE Annual Meeting was held on Thursday, September 29th, 1870 ;
Dr. BURNUP, Vice-President, in the chair.

The Secretary read the Annual Report, as follows :—

REPORT OF COMMITTEE.

THE Committee of the Northumberland and Durham Medical Society regret that they cannot give a very favourable report of the work of the Society during the past year.

The pathological specimens have been sufficiently numerous and interesting, but papers have often been wanting, and but for Dr. Philipson's reports on the health and meteorology of Newcastle and Gateshead, and the kindness of the President in specially preparing papers, more than one meeting would have been almost barren. The Committee can only urge on the Society, as previous Committees have so often done, that more energy should be shown by individual members in preparing papers on cases of interest in their practice, which, in such a wide and populous district as the Society covers, must be sufficiently numerous to add greatly to the value and interest of the meetings.

The following pathological specimens have been exhibited :—

Dr. HEATH.—Right arm and scapula amputated for enchondroma. Bullet, with which a little girl was accidentally shot in Gateshead.

Dr. PHILIPSON.—Croupal false membrane. Occlusion of ductus communis choledocus. Lungs, with cancer. Kidneys, with Bright's disease. Melanotic tumour from male breast.

Mr. BROADBENT.—Diphtheritic casts from trachea.

Dr. GIBB.—Urinary calculus. Medullary cancer of femur. Two fungoid tumours. Patient, with old excision of elbow.

Dr. WARD.—Kidneys, with Bright's disease. Ruptured aortic aneurism.

Mr. JEAFFRESON.—Testis, with encephaloid disease. Calculus cut from Sir John Fife by Sir William Fergusson.

Dr. DRURY.—Tumour of labia pudendi.

Dr. ARNISON.—Uterus, with congenital absence of Fallopian tubes. Urinary calculus, passed by urethra. Cerebral hemispheres, showing tubercles. Patient, with vesected knee joint.

The following papers have been read :—

Dr. GIBSON.—1. On spurious pregnancy. 2. On dysmenorrhœa.

Dr. EMBLETON.—1. Case of aneurism of abdominal aorta. 2. Case of epilepsy with paralysis—recovery. 3. Case of salivary calculus.

Dr. EASTWOOD.—On sanitary reform in rural districts.

Mr. G. A. HUTTON, Staff Surgeon (a non-member).—Facts and figures on yellow fever in Demerara.

Dr. PHILIPSON.—Notes of a case of intestinal obstruction.

Dr. CHARLTON.—Cases of leucocythæmia.

Dr. GIBB.—Cases treated by chloral.

At the commencement of the year, 103 members were on the list. Seven new members have been added, six have died, seven have resigned, or left the district, and eight have been removed for non-payment of subscription ; leaving a net decrease of 14. This decrease, however, does not prove that the Society is declining, but is caused by greater strictness in requiring payment of subscriptions since the new rules were adopted in September, 1868. Before that time, many names were on the books, who, not only did not contribute, but continued to be a source of loss to the Society, through the monthly transactions being forwarded to them. That is now changed, and the financial position of the Society has not suffered from the decrease in its numbers : it now numbers 89 members.

The following is the condition of the society, financially :—Receipts, including balance of £3 15s. 10d. from last year, £53 10s. 4d. ; expenditure, £49 15s. ; leaving a balance of £3 15s. 4d.

An important feature of the monthly meetings has been the papers on the health and meteorology of Newcastle and Gateshead, compiled by Dr. Philipson, from returns furnished by the public medical officers of the two towns. The cost of these returns has, however, been so heavy, that the Society will be compelled to abandon them ; they will be continued to the end of this year 1870, so as to make the reports complete for three years, after which they will cease, unless, as Dr. Philipson hopes, in consequence of

the proved value of these reports, and of a paper which he read at the late meeting of the British Medical Association, the Government should take the matter in hand, and apply it to the whole country.

The past year has been rendered a memorable one in the medical history of Newcastle, owing to the Annual Meeting of the British Medical Association having been held in this town. This does not especially concern the Society, except from the fact that many of its members took a more or less prominent part in the meeting, as officers, or readers of papers ; and that the meeting was held in Newcastle, in consequence of the invitations issued by the Society, in conjunction with various other medical bodies in the district. The Committee believe the unanimous verdict of everyone who attended that meeting will be, that the hope which was expressed in the last annual report has been amply fulfilled, and that the reception of the Association in Newcastle *was* "such as to rival even that of Dublin, Oxford, and Leeds."

At the last Annual Meeting, it will be remembered, Dr. Eastwood formally brought forward a motion "that the Northumberland and Durham Medical Society amalgamate with the Northern Branch of the British Medical Association, and that meetings of the united Society be held at Newcastle, and other towns in the two counties." The proposal was fully discussed at the Annual Meeting, and to afford full time for deliberation on such an important subject, a committee was appointed to report upon it. The report of that committee was presented at the December meeting, due notice having been previously given ; the committee reported against the proposed amalgamation, and, after an animated discussion, the motion was rejected by a majority of 13 to 7.

At the Annual Meeting of the Northern Branch of the British Medical Association, held in Sunderland, in June last, it was resolved, "that a committee be formed to confer with the officers of the Northumberland and Durham Medical Society, and endeavour to bring about an amalgamation of the Northern Branch of the British Medical Association and the Northumberland and Durham Medical Society."

The proposed conference took place on Saturday, the 24th inst. ; the Branch being represented by Drs. Eastwood, W. H. Dixon, Natrass, and the local secretary, Dr. Philipson ; and this Society, by Drs. Burnup, Frain, and Denham, Mr. Hawthorn, and the secretary, Dr. Arnison. A lengthened discussion took place, but the representatives of the Branch failed, in the opinion of your committee, to show that this Society would derive any advantage from the amalgamation. Your committee, therefore, cannot recommend the Society to reverse the decision, at which it arrived, when the proposal was discussed in December last.

The melancholy death of Mr. Stanley Peacock, may be specially noticed. By it, the Society lost a very promising member ; and the Newcastle Infirmary, a most able and efficient House Surgeon.

On the motion of Dr. EMBLETON, seconded by Mr. T. O. Wood, the report was adopted.

On the motion of Mr. LUKE ARMSTRONG, seconded by Mr. C. S. JEAFFRESON, Mr. DODD was re-elected paid secretary.

Dr. EMBLETON proposed a vote of thanks to Dr. GIBSON, for his services as president, during the last two years.

Mr. ARMSTRONG seconded the motion, which was carried by acclamation.

The scrutiny of voting papers, for the election of officers for the ensuing year, was then proceeded with.

Mr. JEAFFRESON proposed a vote of thanks to Dr. ARNISON, who retired from the secretaryship, after holding it for four years.

Mr. H. E. ARMSTRONG seconded the motion, which was carried by acclamation.

THE First Monthly Meeting of the Session 1870-71 was held in the Library of the Infirmary on Thursday, October 13th.

Dr. GIBSON, on taking the chair, expressed his thanks to the members for the uniform courtesy which they had extended to him during the two years he had had the distinguished honour of being President. In introducing his successor, he had infinite pleasure, feeling certain that the interests of the Society would be advanced by that gentleman.

The chair was then taken by Dr. BURNUP, who expressed his acknowledgments for having been elected President, an honour which he highly appreciated. He further expressed his thanks to the members for their former kindness, in having elected him an officer, on the executive, for 19 years.

The following gentleman was proposed for election as a member :

Dr. Frederick Page, Infirmary.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

THIRD REPORT FOR 1870.

By G. H. PHILIPSON, M.A., M.D.

THE returns for the months of March, April, May, June, July, and August, from February 27th to August 27th, 1870, contributed by

the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns:—

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
March 5	397	139	50	27	7	1
March 12	346	135	41	18	1	4
March 19	358	110	35	8	3	1
March 26	309	98	35	16	8	4
April 2	336	112	35	10	4	0
April 9	317	117	44	14	12	3
April 16	265	116	25	21	3	2
April 23	316	93	42	14	11	2
April 30	324	105	54	14	9	2
May 7	336	99	39	15	10	7
May 14	328	112	32	9	4	2
May 21	325	117	33	12	1	7
May 28	333	116	39	4	1	2
June 4	342	106	60	5	14	1
June 11	292	97	35	6	11	0
June 18	294	99	49	4	9	2
June 25	243	80	42	4	7	0
July 2	318	81	63	7	12	1
July 9	308	75	44	8	11	1
July 16	299	89	56	13	10	0
July 23	300	98	68	13	5	0
July 30	310	98	85	19	5	0
August 6	331	107	107	22	14	1
August 13	326	97	107	12	7	0
August 20	334	102	76	30	8	1
August 27	320	105	79	27	11	0

The total of the new cases of disease and injury, in Newcastle, during the first thirteen weeks, fluctuated between 397 and 265, and during the last thirteen weeks, between 342 and 292. The

average of the first thirteen weeks being 330, against 319, the average of the corresponding period of 1869, and 314, of 1868; and the average of the last thirteen weeks being 309, against 292, the average of the corresponding period of 1869, and 307, of 1868. The cases recorded, in the present year, in the first thirteen weeks, are in excess of the numbers of the two preceding years, and in the last thirteen weeks are nearly equal to those of 1868, and in excess of those of 1869.

In Gateshead, the weekly numbers have varied, in the first thirteen weeks, between 139 and 93, and in the last between 107 and 80. The average of the first thirteen weeks being 113, against 119, the average of the corresponding period of 1869, and 72, of 1868; and the average of the last thirteen weeks being 95, against 105, the average of the corresponding period of 1869, and 90, of 1868.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, during the whole period of the time under consideration, have been few. In the first thirteen weeks, the weekly numbers, in Newcastle, varied between 54 and 25, and in Gateshead, between 29 and 4; and in the last thirteen weeks, in Newcastle, between 107 and 35, and in Gateshead, between 30 and 4. The average of the first thirteen weeks, in Newcastle, being 39, against 35, the average of the corresponding period of 1869, and 54, of 1868; and in Gateshead, the average being 14, against 17 of 1869, and 12 of 1868; and the average of the last thirteen weeks, in Newcastle, being 67, against 46, the average of the corresponding period of 1869, and 67, of 1868; and in Gateshead, the average being 13, against 14 of 1869, and 24 of 1868. The high numbers, in Newcastle, in the last thirteen weeks, as compared with the first, having been caused wholly by a sudden increase of the cases of diarrhœa.

Small pox, in Newcastle, has been reported to the following extent:—In April, 5 cases; May, 12; June, 11; July, 5; and August, 2; making a total of 35 cases, during the five months—3 fatal. In the weekly returns of deaths published by the authority of the Registrar General, 4 deaths from small pox are recorded, during the five months, 3 having been reported in the public practice, it may be inferred that 1 occurred in the private practice. Small pox, in Gateshead, has been unrecorded.

Measles, in both towns, has been very slightly in force. In Newcastle, the total for the first thirteen weeks is 48, and for the last thirteen, 40; and in Gateshead, for the first thirteen weeks, 26, and for the last, 4. In the public practice of Newcastle and Gateshead, no deaths from measles have been reported during the six months, whereas, in the returns of the Registrar General, 15 deaths from measles are recorded in Newcastle, which, it may be inferred, occurred in the private practice.

Scarlet fever has been prevalent. Contrasting the spring and summer months with the preceding winter, the disease has declined. In Newcastle, during the first thirteen weeks, 86 cases were reported, with 3 deaths, and in the last thirteen, 31 cases, without a death; and in Gateshead, in the first thirteen weeks, 19 cases, and in the last, 8, without a death during the six months. In the returns of the Registrar General, 19 deaths from scarlet fever are recorded in Newcastle, during the six months, 3 in the public practice, and 16 presumed in the private.

Diphtheria has been unreported. In the returns of the Registrar General, 1 death from diphtheria in Newcastle is recorded in each of the weeks ending March 19th, April 9th, April 30th, and August 13th.

Whooping cough has been reported to the following extent, during the six months. In Newcastle, 117 cases, with 3 deaths, and in Gateshead, 38 cases, without a death. In the returns of the Registrar General, 41 deaths from whooping cough are recorded.

Croup has been thus reported. In Newcastle, 8 cases, 1 fatal, and in Gateshead, 1 case, recovery.

Diarrhoea has never been epidemic. In Newcastle, during the six months, 531 cases were reported, with 11 deaths, a per centage of 2·07, and in Gateshead, 118 cases, with 5 deaths, a per centage of 4·2. In Newcastle, the highest weekly number was 69. In the returns of the Registrar General, 116 deaths from diarrhoea are recorded during the six months. In the week ending August 20th, 18 deaths were recorded, the highest number of any single week.

Dysentery has been nearly absent. In Newcastle, during the six months, 17 cases, with 2 deaths, and in Gateshead, 4 cases.

Asiatic cholera, with the exception of a single case, so returned, in the week ending August 13th, has been absent.

Typhus fever has continued to prevail. In Newcastle, after deducting the cases reported to have been sent to the Newcastle Fever Hospital, and which thus appear in two returns, the monthly numbers are, March, 18, April, 35, May, 16, June, 30, July, 32, and August, 28, making a total of 159 cases for the six months, against 87, in the corresponding period of 1869, and 197, of 1868. The total admissions into the Newcastle Fever Hospital, during the six months, amount to 145, 95 typhus, 20 enteric fever, 22 continued fever, 5 small pox, 1 ague, and 2 not specified. In Gateshead, during the six months, 44 cases of typhus have been reported.

Puerperal fever has been thus noted. In Newcastle, 3 cases, 2 fatal, and in Gateshead, 1 case, recovery.

Under phthisis, during the six months, in Newcastle, 300 cases were returned, and in Gateshead 95 cases. In the corresponding period of 1869, the numbers were respectively 387 and 139, and in 1868, 334 and 106.

DEATHS.

The annual rate of mortality in Newcastle ; the total registered, from all causes, in Newcastle ; the number under one year of age and sixty years of age, and upwards ; the number in public and private practice, from all causes and from zymotic diseases ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.								GATESHEAD.
	Annual rate of Mortality.	Registered from all causes.	Under One Year of age.	Sixty Years of age and upwards.	In Public Practice.		In Private Practice.		In Public Practice.
					From all Causes.	From Zymotic Diseases.	From all Causes.	From Zymotic Diseases.	
March 5.....	26	65	12	16	12	3	53	4	1
March 12.....	23	58	16	8	14	2	44	0	2
March 19.....	22	57	12	9	20	4	37	5	6
March 26.....	23	59	20	10	15	3	44	4	1
April 2.....	27	69	23	10	17	1	52	9	1
April 9.....	25	65	11	17	13	3	52	5	6
April 16.....	13	34	9	6	6	0	28	3	6
April 23.....	23	59	16	11	13	1	46	2	8
April 30.....	27	69	18	13	14	4	55	4	4
May 7.....	24	61	10	15	14	2	47	8	5
May 14.....	20	52	16	10	12	1	40	5	3
May 21.....	21	53	9	10	12	0	41	6	2
May 28.....	20	52	18	5	13	1	39	7	5
June 4.....	24	62	16	11	9	2	53	10	3
June 11.....	18	46	14	13	11	0	35	5	6
June 18.....	22	57	20	13	10	2	47	4	3
June 25.....	23	59	16	11	9	1	50	3	5
July 2.....	20	51	13	9	8	1	43	6	1
July 9.....	26	66	19	13	11	3	55	8	2
July 16.....	24	62	24	10	11	2	51	7	1
July 23.....	29	73	35	12	12	2	61	15	5
July 30.....	24	62	26	10	10	0	52	11	6
August 6.....	28	71	28	14	15	3	56	16	5
August 13.....	24	62	26	9	12	2	50	10	5
August 20.....	34	88	35	10	18	1	70	19	4
August 27.....	26	66	22	12	11	1	55	17	3

The annual rate of mortality, in Newcastle, has varied from 34 to 13 per annum, to 1,000 persons living, the former being the number for the third week of August, and the latter that for the third week of April. The average of the first thirteen weeks is 22, against 27, the average of the corresponding period of 1869, and 24, of 1868; and the average of the last thirteen weeks is 24, against 23, the average of the corresponding period of 1869, and 26, of 1868.

The total of the deaths registered, from all causes, in Newcastle, has fluctuated between 88 and 34, the former being the number for the third week of August, and the latter that for the third week of April. In the corresponding period of 1869, the numbers varied between 88 and 42; and in 1868, between 76 and 44. Of the 1,578 individuals who died during the six months, 484 were under one year of age, and 287 were sixty years of age and upwards, leaving 807 for the years of age intermediate.

From general diseases, dependent upon a morbid condition of the blood, during the first thirteen weeks, 25 deaths occurred in the public practice of Newcastle, and 60 in the private; and 50 in the public practice of Gateshead; and during the last thirteen weeks, 20 deaths occurred in the public practice of Newcastle, and 131 in the private; and 49 in the public practice of Gateshead. The total of the deaths in the public practice of Newcastle, from this class of diseases, amount to 45, against 50, the total for the corresponding period of 1869, and 62, of 1868.

From fever, during the six months, 40 deaths occurred in Newcastle, 21 in the public practice, and 19 in the private; and 10 in the public practice of Gateshead.

From phthisis, during the six months, 53 deaths took place in the public practice of Newcastle, against 59 in the corresponding period of 1869, and 64 in that of 1868; and in Gateshead, 15 against 14 in the corresponding period of 1869, and 11 in that of 1868.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table:—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
March 5.....	39·4°	45·8°	0·48
March 12.....	38·0°	38·4°	0·08
March 19.....	41·8°	41·0°	0·18
March 26.....	34·6°	38·1°	0·75
April 2	40·9°	37·2°	0·04
April 9	46·4°	45·5°	0·08
April 16	47·1°	50·1°	0·45
April 23	52·2°	55·0°	0·10
April 30	44·1°	47·7°	0·30
May 7.....	43·1°	45·6°	0·13
May 14.....	47·6°	49·3°	0·65
May 21.....	52·6°	59·8°	0·11
May 28.....	51·0°	56·6°	0·00
June 4	52·0°	58·1°	0·32
June 11	54·7°	58·0°	0·12
June 18	58·2°	64·6°	0·35
June 25	62·0°	63·8°	0·80
July 2	50·8°	57·7°	1·36
July 9	58·6°	65·0°	0·51
July 16	59·8°	65·7°	0·00
July 23	62·8°	68·5°	0·00
July 30	58·3°	64·8°	0·00
August 6	58·7°	65·3°	0·01
August 13	60·3°	64·5°	0·00
August 20	55·0°	60·9°	0·18
August 27	52·6°	57·3°	0·34

The temperature, during the time under consideration, as compared with the corresponding period of the years 1869 and 1868, has been higher than in 1869, but lower than in 1868. The temperature in 1870, during seventeen weeks, was higher than in 1869, and during nine weeks lower, and during nine weeks was higher than in 1868, sixteen weeks lower, and one week equal with.

The temperature, in April and June, underwent great variations; in the former, it was unusually high, and in the latter, remarkably low.

The weekly mean of the third week of April was 52·2°, 5·1° higher than the second week of April, and 8·1° higher than the last week. The weekly mean of the last week of June was 50·8°, 11·2° lower than the third week of June, and 7·8° lower than the first

week of July. The weekly mean was highest in the third week of June and the third week of July, in the former it was 62.0° , and in the latter 62.8° .

The total rain-fall in March amounted to 1.49 inches, in April to 0.97 inches, and in May to 0.89 inches, making a total of 3.35 inches, against 7.60 inches in the corresponding period of 1869, and 5.22 inches in 1868; and in June 1.59 inches, July 1.87 inches, and in August 0.53 inches, making a total of 3.99 inches, against 3.77 inches in the corresponding period of 1869, and 3.07 inches in 1868. The total rain-fall of the six months being 7.34 inches, against 11.37 inches, the total for the corresponding period of 1869, and 8.29 inches, in 1868.

Hereto, the weekly tables of diseases and deaths are appended.

Dr. BYRON BRAMWELL stated that diarrrhœa, at North Shields and the surrounding district, during the past summer, had never been in great force. Such was contrary to what might have been expected, when it was remembered that the past summer had been very dry, and that herring and fruit had been abundant. Probably, the absence of the disease was owing to the good quality of the fruit.

Dr. GIBSON was of opinion that the dryness of the atmosphere was the cause of the small amount of diarrrhœa.

The PRESIDENT (Dr. Burnup) believed that diarrrhœa was more dependent upon the sudden atmospheric changes, than upon the quality of the food.

Dr. DENHAM concurred with Dr. Gibson, that the equability of the temperature was the reason of the little diarrrhœa.

Dr. TESSIER directed attention to an epidemic of varicella at Tynemouth and Cullercoats. He stated that the eruption in several was very similar to that of modified small pox, and that in some the vesicles were umbilicated, and left slight scars.

Dr. GIBSON mentioned that near about the same time he had seen a case of diphtheria at Marske-by-the-Sea, and another at Morpeth. He had also attended several children with aphthous ulceration of the fauces, followed by the expulsion of false membrane. He recognised a great analogy between these cases and true diphtheria.

THE REGISTRATION OF DISEASE.

Dr. PHILIPSON stated that the President of the Poor Law Board had arranged to receive a deputation from the British Medical Association, on the subject of the registration of disease, on Monday, the 17th inst. He (Dr. Philipson) had received an invitation to accompany the deputation, but in consequence of his engagements, he regretted extremely that it would be impossible for him to be present. He then read the following statement, which he had received from the Secretary of the Committee on the Observation and Registration of Disease, of the British Medical Association:—

“The principles of the scheme for the Registration of Disease, adopted by the British Medical Association, are as follows:—

“1.—The collection, every week, of returns of new cases of disease coming under treatment in all the public institutions, whether charitable, parochial, or corrective (*e.g.*, prisons), of a district.

“2.—The registration districts to be based upon those now used for the registration of births, deaths, and marriages.

“3.—The appointment, in each Superintendent Registrar's district, or group of districts, of a ‘Registration Medical Officer,’ who, in addition to the collection of the above returns, and the supervision of the death-records, would, in doubtful cases, certify the fact of death, investigate and record its cause, and register still-births. He would also be available as a medical witness, or assessor, and might act as a medical officer of health in certain districts.

“The Association consider that this scheme is most important, both in its bearing upon science and the welfare of the public.

“The returns would afford a means of comparing the relative healthiness of different districts, and would thus serve to direct sanitary and benevolent exertions. They would give plain and timely warning of the rise and progress of the various epidemics of fever, diphtheria, cholera, &c., so that preventive measures might be applied at their outset, when most likely to be effective.

“They would constitute a most valuable series of medical statistics, from which conclusions might be drawn respecting the causes of disease, the laws of epidemics and their relation to atmospheric changes, to seasons of plenty and scarcity, and many other interesting questions of medical science. They would also probably show in some respects the influence of the trade and manufactures, and of any other circumstances peculiar to a district.

“Stress is laid upon the *weekly* collection of the records of disease, because in this way the *time and place* of origin of disease is more distinctly shown. The death returns, however valuable in other ways, give no information on these points.

“It is thought important, moreover, that the deaths occurring in

the same public practice as the diseases, shall be recorded each week, and compared with the number of cases of disease. In this way the *intensity* of disease may be discovered, and an idea of its total *prevalence* may be formed from a comparison of the *total deaths* with the deaths in public practice.

"It will be observed that the returns thus proposed would be obtained from public practice only, the registration of diseases occurring in private practice would, in fact, be impossible at the present time. Moreover, if the areas, from which the regular returns of public practice are made, be fixed, and the constituency, so to speak, be always about the same, a very fair *representative* series of statistics would be obtained, which would give the *relative* prevalence of different diseases at any one time in different districts. In order to obtain a sufficient number of cases, it is desirable that all the public institutions of a district, and not merely its poor-law institutions, should unite to make the returns.

"The scheme has proved practicable, and, for a time, entirely successful wherever it has been tried, even upon a voluntary plan.

"Weekly returns of disease and death have been made to the Manchester and Salford Sanitary Association for 10 years by nearly 30 contributors, and during the whole of that time scarcely any of them have failed to fill up their report. At St. Marylebone, for the same period, monthly records have been given, and for several years weekly returns have now been made upon a uniform plan, and with a similar list of diseases, at Manchester and Salford, Birmingham, Newcastle-on-Tyne, and Gateshead."

Dr. EMBLETON considered the registration of diseases of the utmost importance, and approved of the statement issued by the British Medical Association. The scheme, he thought, was feasible in large towns, but would be found difficult to be put into operation in villages and country districts. He felt that it would be not only of interest, but of great value, to know from reliable facts in what district disease was common or rare, and especially so, what particular disease was peculiar to a certain locality. In course of time, he trusted, that there would be a minister of health, whose particular duty would be to direct and overlook the medical officers of health throughout the kingdom. He deeply regretted that Dr. Philipson would not be able to accompany the deputation, which was worthy of every encouragement and support that the Society could accord. He had much pleasure in moving, "That an address, signed by the President and Honorary Secretary of the Society, be forwarded to the President of the Poor Law Board in support of the deputation of the British Medical Association, and setting forth what has been accomplished by the Society, respecting the registration of disease."

Mr. T. O. WOOD seconded the resolution, which was unanimously agreed to.

ADDRESS

TO THE RIGHT HONOURABLE G. J. GOSCHEN, PRESIDENT OF
THE POOR LAW BOARD.

SIR,—We have the honour to inform you, as the representatives of the Northumberland and Durham Medical Society, that under the auspices of that Society, a system of registration of disease has been in operation in Newcastle-upon-Tyne and Gateshead, since January, 1864, which, during the past three years, has been conducted upon the same plan, and with the same list of diseases, as recommended by the British Medical Association.

The returns have been contributed weekly by the public medical practitioners of the two towns, those in charge of the public institutions, charitable, parochial, and corrective. Monthly or more extended reports, based upon these returns, with observations in meteorology, have also been issued.

The expenses of the printing, issuing, and collecting the returns have been defrayed by the Society. In consequence, however, of the funds of the Society being limited, and the expenses interfering with the publication of the transactions, the Committee of the Society have promised to bear the expense to the end of the present year, but not longer. If, therefore, other means are not forthcoming, whereby the expenses can be defrayed, it will be obligatory for the registration of disease in Newcastle and Gateshead to be abandoned, a course that will be taken with the utmost reluctance, the Society fully recognising the importance to the public and to science of the registration of disease.

We have the honour to be, sir,

Your obedient servants,

MARTIN BURNUP, M.D., President.

CHRISTOPHER S. JEAFFRESON, Hon. Sec.

Newcastle-upon-Tyne, 14th October, 1870.

Dr. PAGE introduced an Infirmary patient of Mr. Russell's, a sailor, who had recovered after having sustained a compound comminuted fracture of the skull, from a fall down a ship's hold.

Dr. PAGE exhibited several pieces of bone, which had been removed from the site of the fracture, the left parietal bone, and stated that the man at the time of his admission was quite insensible, and remained so for four days.

Dr. PAGE also introduced two Infirmary patients, one under the care of Dr. Heath, and the other of Mr. Russell, upon whom the operation of transplantation of the skin, for old ulcers, as introduced by Mr. Pollock, and Mr. Henry Lee, of London, had been successfully performed. Dr. Page stated that the plan had proved successful only in the cases of the chronic callous ulcer, not in the suppurating.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 5th DAY OF MARCH, 1870

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.				
	1	2	3	4	5	6	7	Infirmary.		Dispensary.								15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.		
								8	9	10	11	12	13	14	Fever Hospital.	Children's Hospital.	Workhouse.															Vagrant Ward.	Gaol.
DISEASES	Newcastle.	Gateshead.																															
Small-Pox.....	Small-Pox.....	...	...
Measles.....	...	2	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	6	2	...	...	...	2	2	4	...	Measles.....	...	...
Scarlet Fever.....	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3	9	1	..	...	..	...	1	1	Scarlet Fever.....	1	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	4	11	4	..	...	...	2	6	...	Hooping Cough.....	...	...
Croup.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	Croup.....	...	...
Diarrhoea.....	1	...	...	...	1	...	...	...	1	...	...	...	...	1	6	2	1	13	5	...	...	1	...	...	1	...	Diarrhoea.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	...	1	...	...	2	1	...	...	...	...	...	...	1	Dysentery.....	1	...		
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	6	...	...	...	...	...	...	1	Erysipelas.....	...	...
Continued Fever.....	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	1	4	Continued Fever.....	...	...
Typhus.....	1	...	...	...	...	...	...	2	...	...	...	4	...	...	...	...	7	21	...	1	...	...	...	1	3	Typhus.....	1	...		
Enteric or Typhoid...	1	...	...	...	1	...	...	...	...	2	...	...	...	3	1	...	4	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	6	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	8	8	...	4	2	...	3	9	1	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	4	6	1	...	1	...	1	3	2	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	1	1	3	2	...	...	2	8	5	...	9	...	2	4	2	1	41	24	5	...	5	...	4	14	6	Bronchitis and Catarrh.	1	1		
Influenza.....	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	2	...	...	...	...	...	...	...	3	4	1	...	...	...	1	2	3	Pleurisy and Pneumonia	...	...
Phthisis.....	2	...	1	..	1	...	2	...	3	...	7	...	1	2	...	1	20	12	2	...	3	...	1	6	5	Phthisis.....	1	...		
Constitutional Syphilis.	1	3	...	1	...	1	...	...	...	1	3	...	...	10	5	...	...	1	...	...	1	...	Constitutional Syphilis..	1	...		
All other Diseases.....	8	4	15	15	3	...	...	11	7	5	4	7	5	45	...	49a	36	11	10	235	147	17	4	44	...	9	74	66	All other Diseases.....	5	...
Accidents.....	2	...	...	...	...	4	23	...	...	...	...	...	...	...	2	1	...	32	37	...	1	11	...	...	12	...	Accidents.....	1	...		
TOTAL.....	8	8	20	28	4	4	6	22	33	12	17	22	5	62	5	58	54	16	13	397	298	32	10	71	3	23	139	94	TOTAL.....	12	1		

a, 3 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. O. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 10

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 12th DAY OF MARCH, 1870

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.										
																													In-Patients.	Out-Patients.	Central.
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Goal.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.				
Small-Pox.....	Small-Pox.....	...	...
Measles.....	3	...	2	...	...	...	...	...	...	...	5	4	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	3	...	...	...	...	1	...	2	...	...	...	...	...	...	...	6	5	...	...	...	...	...	5	...	Scarlet Fever.....	2	...	
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	...	1	...	...	...	...	...	...	...	4	...	1	1	...	2	...	...	...	9	3	3	...	...	...	1	4	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	2	...	...	...	...	...	...	...	...	...	...	...	6	1	...	9	9	...	...	...	...	2	2	1	Diarrhoea.....	...	...
Dysentery.....	1	...	...	1	1	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	1	1	1	Erysipelas.....	...	...
Continued Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	Continued Fever.....	...	...
Typhus.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	19	...	...	1	3	...	4	3	Typhus.....	...	...
Enteric or Typhoid...	1	...	...	1	...	...	1	1	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	...	1	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	1	...	...	5	...	...	5	2	Febricula..	...	...
Ague.....	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	6	1	...	...	...	...	1	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	1	...	3	1	3	2	2	1	7	3	6	2	11	...	2	1	...	2	47	34	4	1	10	...	2	17	6	Bronchitis and Catarrh..	2	1
Influenza.....	1	...	...	1	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	5	...	1	...	...	...	1	1	Pleurisy aud Pneumonia	...	...
Phthisis.....	...	1	1	...	1	4	..	...	...	2	...	...	...	6	...	...	1	...	16	11	1	...	4	...	1	6	6	Phthisis.....	2	...
Constitutional Syphilis.	6	...	...	...	...	...	...	...	2	...	...	8	8	...	...	...	...	...	...	2	Constitutional Syphilis..	...	...
All other Diseases.....	2	6	6	6	3	7	...	17	7	6	6	3	3	33	...	34a	27	5	12	188	188	12	7	43	...	18	80	59	All other Diseases.....	5	1
Accidents.....	10	27	1	2	...	40	25	12	12	2	Accidents.....	3b	...
TOTAL.....	3	10	8	22	10	14	2	36	35	20	13	14	6	52	0	38	39	9	15	346	321	21	9	76	3	26	135	89	TOTAL.....	14	2

a, 2 In-patients ; b, 1 Double Amputation.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM,
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 11]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 19th DAY OF MARCH, 1870

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			DISEASES	Newcastle.	Gateshead.	
Small-Pox.....	Small-Pox.....	...	...
Measles.....	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3	15	...	...	...	...	...	...	1	Scarlet Fever.....	...	...
Diphtheria.....	1	Diphtheria.....	...	...
Whooping Cough.....	1	...	...	1	...	...	1	...	...	3	3	1	1	...	...	2	4	2	Whooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	1	...	...	...	1	...	...	...	1	7	...	...	10	8	...	...	...	...	...	...	2	Diarrhoea.....	2	...	
Dysentery.....	1	1	1	...	...	...	...	...	...	1	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	Continued Fever.....	...	...
Typhus.....	1a	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	3	8	...	...	...	1	...	1	1	Typhus.....	2	...	
Enteric or Typhoid...	3	...	...	...	...	...	...	...	1	...	...	...	...	4	2	...	...	...	...	...	...	2	Enteric or Typhoid....	...	3	
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	6	...	...	...	...	...	...	...	...	...	...	1	...	...	...	8	4	...	...	3	...	...	3	3	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	1	...	1	...	...	...	...	...	...	...	...	3	6	...	2	...	...	...	2	2	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	2	...	1	1	3	2	2	1	6	4	8	2	10	...	2	2	46	24	...	2	6	...	3	11	8	Bronchitis and Catarrh..	1	2
Influenza.....	1	1	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	2	1	4	4	2	2	4	Pleurisy and Pneumonia
Phthisis.....	2	1	...	...	1	1	1	...	2	...	3	...	...	...	...	16	12	...	...	6	...	...	6	7	Phthisis.....	3	1	
Constitutional Syphilis..	2	1	2	...	2	7	7	1	1	2	Constitutional Syphilis..	2	...
All other Diseases.....	4	3	8	6	2	10	...	11	17	6	4	3	5	37	...	28	29	6	12	191	169	15	3	30	...	18	66	62	All other Diseases.....	6	...
Accidents.....	1	2	8	40	1	...	1	...	1	1	...	55	40	...	1	13	14	3	Accidents.....	4b	...
TOTAL.....	5	8	10	18	4	17	4	25	59	18	11	14	8	57	3	34	40	7	16	358	305	18	9	58	1	24	110	101	TOTAL.....	20	6

a, Removed to Fever Hospital; b, 3 Compound Fractures of legs.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 12]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 26th DAY OF MARCH, 1870

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.									
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.				TOTAL.							
	1	2	3	4	5	6	7	Infirmary.		Dispensary.				15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.						
								8	9	10	11	12	13																		14	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.									
Small-Pox.....	Small-Pox.....	...	...			
Measles.....	...	1	...	...	...	3	...	...	...	1	...	...	...	...	...	...	...	...	5	2	...	...	...	...	...	...	...	...	Measles.....	...	...			
Scarlet Fever.....	2	...	...	...	...	...	...	...	...	2	10	...	...	...	...	...	...	...	3	Scarlet Fever.....	...	...			
Diphtheria.....	Diphtheria.....	...	...			
Hooping Cough.....	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	4	1	2	...	...	...	1	3	1	...	Hooping Cough.....	1	...
Croup.....	Croup.....	...	...			
Diarrhoea.....	1	...	...	...	...	...	...	...	...	3	1	1	6	11	...	...	...	...	2	2	1	...	Diarrhoea.....	...	...			
Dysentery.....	1	...	...	1	3	...	...	...	...	...	...	...	...	Dysentery.....	...	...			
Asiatic Cholera.....	Asiatic Cholera.....	...	...			
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	1	5	...	...	...	...	...	...	...	...	Erysipelas.....	...	...			
Continued Fever.....	3	...	1	...	...	...	...	1	...	...	Continued Fever.....	...	...			
Typhus.....	2	1	1	1	3	8	13	2	2	4	1	Typhus.....	1	...				
Enteric or Typhoid...	1	1	1	...	1	Enteric or Typhoid....	1	...				
Relapsing.....	Relapsing.....	...	...			
Febricula.....	1	1	...	3	...	1	...	...	...	...	...	...	...	...	...	1	...	...	7	2	...	...	6	...	...	6	5	...	Febricula.....	...	...			
Ague.....	Ague.....	...	...			
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	11	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...			
Puerperal Fever.....	Puerperal Fever.....	...	...			
Bronchitis and Catarrh.	1	1	...	2	4	...	4	2	6	...	3	1	...	2	26	24	2	2	6	...	10	9	...	2	Bronchitis and Catarrh..	2	...				
Influenza.....	Influenza.....	...	...			
Pleurisy and Pneumonia	1	...	...	...	...	...	1	2	...	...	...	...	...	4	3	...	...	...	...	...	...	...	...	Pleurisy aud Pneumonia	...	...			
Phthisis.....	1	2	1	7	11	12	2	...	1	3	1	Phthisis.....	1	1				
Constitutional Syphilis.	2	1	2	...	1	1	7	6	1	1	1	Constitutional Syphilis..				
All other Diseases.....	5	5	2	9	5	4	...	17	12	3	2	5	4	34	...	31	17	5	14	174	168	10	7	31	...	16	64	47	...	All other Diseases.....	7a	...				
Accidents.....	1	...	7	41	1	1	51	46	...	2	2	4	2b	Accidents.....	2b	...				
TOTAL.....	6	9	2	18	7	11	5	27	54	12	3	10	8	49	3	37	24	6	18	309	320	16	12	47	2	21	98	68	...	TOTAL.....	15	1				

a, 1 old Age; b, 1 Fracture of Skull.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 13

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 2nd DAY OF APRIL, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.							
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24								
Small-Pox.....	Small-Pox.....	...	...
Measles.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	2	2	...	...	...	...	2	...	...	Measles.....	...	...
Scarlet Fever.....	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	4	4	...	...	...	...	...	...	5	...	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Whooping Cough.....	...	2	...	1	...	...	...	...	1	...	...	...	3	...	2	...	...	...	9	...	3	...	...	...	2	5	...	...	...	Whooping Cough.....	...	...
Croup.....	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	1	3	...	2	6	11	...	2	2	7	...	1	...	Diarrhoea.....
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	2	...	...	Erysipelas.....	...	...
Continued Fever.....	3	...	...	...	Continued Fever.....	...	...
Typhus.....	1	...	...	...	...	3	...	...	...	...	4	5	...	...	...	...	...	...	1	...	...	Typhus.....	...	...
Enteric or Typhoid....	1	...	1	...	...	...	...	2	...	...	...	1	...	...	1	1	...	...	Enteric or Typhoid....	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	5	...	...	Febricula.....	...	...
Ague.....	1	...	...	1	...	...	1	...	...	...	Ague.....	...	...
Rheumatic Fever.....	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	1	...	1	2	4	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	...	1	1	1	2	4	1	...	1	2	2	1	4	...	3	3	3	2	32	39	2	3	3	8	9	2	1	Bronchitis and Catarrh.
Influenza.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	7	...	...	7	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	1	1	2	...	...	1	...	...	...	6	9	...	...	1	...	...	1	...	...	...	Pleurisy and Pneumonia	...	...
Phthisis.....	1	1	1	1	1	...	1	...	9	...	1	2	1	...	19	15	1	...	1	4	...	3	...	Phthisis.....
Constitutional Syphilis.	3	...	1	...	...	2	...	1	4	...	1	12	8	...	...	2	...	...	2	1	...	...	Constitutional Syphilis.	...	...
All other Diseases.....	...	2	17	6	4	4	...	22	7	6	6	6	2	42	...	29a	22	6	12	193	176	18	4	36	...	19	77	63	9	...	All other Diseases.....
Accidents.....	1	5	30	36	30	3	3	10	...	2	...	Accidents.....
TOTAL.....	2	6	18	17	6	6	7	32	38	13	10	10	6	60	4	38	34	12	17	336	307	25	9	53	0	25	112	115	17	1	TOTAL.....

a, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM,
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.
Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 9th DAY OF APRIL, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.				TOTAL.		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	PUBLIC INSTITUTIONS.			TOTAL.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.			Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	Newcastle.	Gateshead.				
Small-Pox	Small-Pox.....	...	...	
Measles.	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	3	4	...	...	...	2	2	4	...	Measles.....	...	...
Scarlet Fever	1	...	...	...	...	...	4	1	...	...	...	...	...	...	...	6	5	...	...	1	...	1	3	...	Scarlet Fever.....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	1	1	...	2	...	...	...	4	2	1	...	...	...	1	2	...	Hooping Cough.....	1	...	
Croup	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhœa	1	...	1	...	...	1	...	...	...	...	...	1	...	...	2	...	...	6	13	...	...	1	...	1	6	...	Diarrhœa.....	1	...	
Dysentery.	3	...	...	...	...	...	1	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas	1	1	...	...	...	...	...	1	...	1	...	...	...	...	...	4	2	...	...	...	...	...	2	...	Erysipelas .....	...	...
Continued Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	Continued Fever .....	...	...
Typhus.....	...	4	4a	...	...	...	...	...	...	...	1a	1	...	2	...	...	...	...	12	7	...	1	...	2	...	3	...	Typhus	1	...
Enteric or Typhoid...	1	...	...	...	...	...	...	...	1	...	...	...	...	2	1	...	...	...	1	...	1	...	Enteric or Typhoid...	...	...
Relapsing	Relapsing .....	...	...
Febricula	3	...	1	...	...	...	...	...	...	...	...	...	...	1	...	5	...	...	1	...	...	1	3	...	Febricula ..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	1	1	...	1	3	3	3	2	2	2	7	...	13	...	4	...	1	...	44	33	1	3	4	...	3	11	14	Bronchitis and Catarrh..	2	1
Influenza	2	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	1	4	...	...	2	...	...	2	1	Pleurisy aud Pneumonia	...	1	
Phthisis	1	...	...	...	...	1	1	3	1	...	...	5	...	...	...	...	...	12	15	1	...	6	...	1	8	5	Phthisis.....	3	1	
Constitutional Syphilis.	1	...	...	1	...	...	...	2	...	...	1	...	...	5	5	...	...	...	...	...	...	...	Constitutional Syphilis..	1	...	
All other Diseases	2	3	10	11	3	4	...	10	4	9	2	6	1	38	...	32b	17	5	15	172	187	18	5	34	...	16	71	All other Diseases.....	2	3	
Accidents	4	33	...	...	...	1	...	...	...	...	...	38	51	...	2	7	...	...	9	9	Accidents	2	...	
TOTAL.....	3	10	16	18	5	10	5	19	41	16	9	17	3	62	3	33	20	7	15	317	336	21	13	55	5	23	117	115	TOTAL.....	13	6

a, Removed to Newcastle Fever Hospital; b, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 15]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 16th DAY OF APRIL, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Rusham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	TOTAL.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.						For the Week.	Corresponding Week last Year.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	Newcastle.	Gateshead.		
Small-Pox.....	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	4	4	8	...	...	Measles.....	...	...
Scarlet Fever.....	1	...	...	1	1	...	...	...	...	...	...	...	...	3	6	...	...	1	...	...	1	2	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Whooping Cough.....	1	...	4	...	...	1	6	5	...	...	...	...	...	...	...	Whooping Cough.....	...	...
Croup.....	1	...	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	3	3	...	...	6	11	2	1	2	...	2	7	3	Diarrhoea.....	...	...
Dysentery.....	3	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	2	...	...	...	...	...	...	...	2	Erysipelas.....	...	...
Continued Fever.....	1	...	...	...	1	...	...	Continued Fever.....	...	...
Typhus.....	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	5	...	...	...	2	...	2	1	Typhus.....	...	...
Enteric or Typhoid....	1	...	...	...	1	...	...	...	...	2	...	...	...	1	...	1	...	...	Enteric or Typhoid....	...	2	
Relapsing.....	Relapsing.....	...	...
Febricula.....	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	7	...	1	...	...	...	1	7	Febricula.....	...	...
Ague.....	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	4	1	...	...	...	...	1	1	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	...	1	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	3	2	...	...	3	1	2	1	...	...	2	2	...	6	...	3	...	1	26	34	...	2	3	...	1	6	6	Bronchitis and Catarrh..	4	1
Influenza	1	...	...	...	...	...	...	...	...	Influenza ..	...	...
Pleurisy and Pneumonia	5	...	1	...	...	...	1	...	Pleurisy and Pneumonia	...	1	
Phthisis.....	1	...	...	...	...	...	...	2	...	1	...	...	...	5	...	1	...	...	10	13	2	...	5	...	1	8	11	Phthisis.....	...	1
Constitutional Syphilis..	1	...	...	...	3	...	2	...	...	...	6	4	...	...	...	...	...	...	1	Constitutional Syphilis..	...	...
All other Diseases.....	4	3	7	4	1	1	...	14	10	5	2	4	1	27	...	34a	14	7	16	154	184	10	8	33	...	16	67	77	All other Diseases.....	2	1
Accidents.....	1	41	1	...	...	...	...	...	...	...	...	43	40	1	2	3	...	...	11	3	Accidents.....	...	...
TOTAL.....	8	7	7	8	4	3	3	18	51	10	7	6	1	42	1	47	17	7	18	265	325	16	16	53	7	24	116	114	TOTAL.....	6	6

a, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. O. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 23rd DAY OF APRIL, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.							DEATHS.			
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.				
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	TOTAL.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.						For the Week.	Corresponding Week last Year.			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			DISEASES	Newcastle.	Gateshead.
Small-Pox.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	Small-Pox.....	1b	...
Measles.....	1	...	...	...	...	...	...	...	...	1	...	...	...	3	3	6	...	Measles.....	...	...
Scarlet Fever.....	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3	9	...	1	1	...	2	1	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Whooping Cough.....	2	...	...	...	...	...	...	...	...	5	...	...	...	...	7	1	1	...	...	...	1	...	Whooping Cough.....	...	...
Croup.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	1	...	...	...	...	...	...	...	...	...	5	...	4	10	12	...	...	...	...	...	...	2	Diarrhoea.....	...	...
Dysentery.....	1	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	2	Erysipelas.....	...	...
Continued Fever.....	1	...	...	...	1	...	Continued Fever.....	...	...
Typhus.....	1	...	...	1	1	...	...	...	8	...	...	...	...	11	2	1	...	1	...	...	2	1	Typhus.....	...	...
Enteric or Typhoid....	2	...	...	...	...	2	1	...	...	...	...	...	...	...	Enteric or Typhoid....	1	...	
Relapsing.....	1	...	...	...	1	...	Relapsing.....	...	...
Febricula.....	5	...	...	...	...	...	...	...	1	...	...	...	...	...	...	6	3	...	...	1	...	...	1	2	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	4	1	2	...	1	2	...	...	...	2	...	9	...	4	1	2	...	28	41	2	1	3	...	1	7	9	Bronchitis and Catarrh.	...	2
Influenza.....	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	1	...	...	...	...	...	...	2	3	...	...	...	...	...	...	1	Pleurisy and Pneumonia	1	...	
Phthisis.....	1	...	...	2	1	...	3	...	2	...	...	9	19	1	...	2	...	...	3	2	Phthisis.....	2	...	
Constitutional Syphilis.	1	...	1	1	1	1	5	9	...	...	...	...	...	...	6	Constitutional Syphilis.	1	...	
All other Diseases.....	3	1	6	15	2	3	...	23	8	7	3	...	24	...	25a	14	6	17	159	200	16	11	22	...	14	63	66	All other Diseases.....	7	6	
Accidents.....	1	1	...	...	...	10	56	1	...	...	...	...	...	...	...	...	69	54	...	1	5	...	...	6	9	Accidents.....	...	...
TOTAL.....	3	7	8	25	2	8	3	35	64	11	6	4	4	37	10	37	21	9	22	316	361	21	16	35	3	13	93	101	TOTAL.....	13	8

a, 1 an In-patient ; b, Confluent.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.
Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARE.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 17]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 30th DAY OF APRIL, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.							DEATHS.			
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.				
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14															15	16	17	18	19
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.				
Small-Pox.....	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	4	...	...	...	...	...	...	...	4	1	2	...	...	...	...	2	...	Measles.....	...	...
Scarlet Fever.....	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	7	...	...	...	...	...	...	3	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	...	4	...	...	...	...	1	...	1	...	1	1	...	2	...	12	...	...	22	3	3	...	...	...	1	4	...	Hooping Cough.....	...	...
Croup.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	1	...	1	...	...	...	...	...	...	...	...	3	1	1	...	7	10	...	1	1	...	...	2	4	Diarrhoea.....	1	...	
Dysentery.....	1	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	1	...	...	...	...	...	...	...	...	...	...	...	2	3	1	...	...	...	1	2	1	Erysipelas.....	...	...
Continued Fever.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	Continued Fever.....	...	...
Typhus.....	2	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	9	8	2	...	...	...	...	2	3	Typhus.....	2	...	
Enteric or Typhoid...	Enteric or Typhoid...	1	...	
Relapsing.....	Relapsing.....	...	...
Febricula.....	2	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	1	...	1	...	2	5	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	...	1	...	...	1	2	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	3	4	1	...	...	1	2	1	1	1	5	...	9	...	1	1	...	30	16	2	1	4	...	2	9	12	Bronchitis and Catarrh..	...	1
Influenza	2	...	...	...	...	...	...	...	Influenza ..	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	5	...	...	...	...	...	...	...	Pleurisy and Pneumonia	1	...	
Phthisis.....	1	...	...	...	...	...	1	2	...	1	1	...	9	...	...	...	...	...	16	23	1	...	6	...	1	8	4	Phthisis.....	3	...
Constitutional Syphilis.	1	...	...	...	...	...	1	15	...	...	...	...	...	...	2	Constitutional Syphilis..	...	...
All other Diseases.....	2	2	9	12	...	3	...	18	6	4	5	8	2	36	...	32a	9	7	15	170	179	8	6	33	...	15	62	60	All other Diseases.....	6	3
Accidents.....	...	1	...	1	1	...	...	11	35	1	...	...	...	...	...	...	...	...	50	38	...	1	10	...	...	11	16	Accidents.....	...	...
TOTAL.....	3	11	17	18	1	7	4	32	45	7	10	19	2	57	7	48	12	8	16	324	315	19	10	55	1	20	105	115	TOTAL.....	14	4

a, 1 an In-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. T'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 18]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 7th DAY OF MAY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Small-Pox.....	..	..
Measles.....	1	1	..	1	..	..	..	..	3	..	..	..	..	..	..	..	..	Measles.....	..	..
Scarlet Fever	1	..	2	..	..	..	2	..	..	..	..	..	..	..	..	5	5	..	..	..	..	..	..	2	Scarlet Fever.....	..	..
Diphtheria	Diphtheria .....	..	..
Hooping Cough	1	..	..	..	..	2	..	..	..	..	..	..	..	1	..	..	..	4	2	..	1	..	..	2	3	..	Hooping Cough.....	1	..	
Croup	1	..	..	..	..	..	..	..	Croup .....	..	..
Diarrhœa	1	3	..	..	4	7	..	..	1	..	..	1	4	Diarrhœa.....	..	..
Dysentery.....	2	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	4	Erysipelas .....	..	..
Continued Fever.....	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	Continued Fever .....	..	..
Typhus.....	5	1	..	..	..	1	..	..	..	..	..	..	..	3	..	..	..	..	10	5	2	..	..	5	..	7	3	Typhus	1	..
Enteric or Typhoid...	3	..	..	..	..	..	..	..	1	..	..	..	..	4	..	..	..	..	..	..	..	1	Enteric or Typhoid...	..	..
Relapsing	Relapsing .....	..	..
Febricula	1	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	1	..	..	4	..	..	4	2	Febricula..	..	1
Ague.....	Ague.....	..	..
Rheumatic Fever.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	8	Rheumatic Fever.....	..	..
Puerperal Fever.....	1	1	2	..	..	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	..	2	1	3	2	2	2	1	3	5	3	1	..	25	17	..	2	4	..	2	8	23	Bronchitis and Catarrh..
Influenza	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	Influenza .....	..	..
Pleurisy and Pneumonia	1	2	..	1	..	..	..	..	1	..	..	..	..	1	..	..	6	1	..	..	1	..	..	1	3	Pleurisy aud Pneumonia	..	..
Phthisis	2	2	1	1	4	2	12	17	2	..	3	5	5	Phthisis.....	3	1
Constitutional Syphilis.	2	..	1	1	2	..	1	3	..	1	11	6	1	1	2	Constitutional Syphilis..	1	..
All other Diseases	2	4	10	9	3	9	..	29	6	1	6	3	2	32	..	26a	20	10	16	188	158	15	9	15	..	20	59	56	All other Diseases.....	5	3
Accidents	1	2	2	..	1	..	6	34	..	1	1	..	1	i	..	50	46	..	3	5	8	28	Accidents	3	..
TOTAL.....	8	9	13	20	5	21	6	37	40	11	14	7	6	45	4	29	30	12	19	336	270	19	15	34	6	25	99	141	TOTAL.....	14	5

a, 4 In-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG
- 11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 14th DAY OF MAY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox	2a	...	...	...	...	...	...	...	...	...	2	...	...	...	...	4	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.	1	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever	2	...	...	1	...	1	...	...	...	...	...	...	4	4	...	...	...	...	...	...	2	Scarlet Fever.....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	1	...	...	...	...	...	...	...	3	...	...	...	4	4	...	1	...	...	...	1	...	Hooping Cough.....	...	...
Croup	Croup .....	...	...
Diarrhoea	1	...	...	...	...	...	1	...	...	...	...	...	...	4	1	1	...	8	6	...	...	...	...	...	...	3	Diarrhoea.....	...	...
Dysentery.....	1	1	2	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	Erysipelas .....	...	...
Continued Fever.....	1	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	...	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	4	3	...	...	...	2	...	2	...	Typhus .....	...	...
Enteric or Typhoid...	Enteric or Typhoid....	1	...	
Relapsing	Relapsing .....	...	...
Febricula	1	...	...	...	...	...	...	...	...	...	1	2	...	3	3	...	...	6	1	Febricula ..	...	...
Ague.....	1	...	...	...	...	1	...	...	...	1	...	...	1	...	Ague.....	...	...
Rheumatic Fever.....	2	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	3	Rheumatic Fever.....	...	...
Puerperal Fever	Puerperal Fever.....	...	...
Bronchitis and Catarrh	1	...	2	2	...	...	...	1	1	2	2	...	2	2	2	...	...	17	26	2	3	6	...	2	13	15	Bronchitis and Catarrh..	...	...
Influenza	Influenza .....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	...	...	...	...	...	1	Pleurisy and Pneumonia	...	...
Phthisis	1	...	...	2	1	1	...	1	...	1	9	...	...	1	...	17	16	...	...	4	...	1	5	3	Phthisis.....	1	2	
Constitutional Syphilis	1	...	...	...	...	1	...	1	2	...	2	7	6	...	2	1	...	1	4	...	Constitutional Syphilis..	...	...
All other Diseases	5	5	9	9	2	3	...	14	7	4	3	10	4	33	...	29	18	5	19	179	168	10	10	31	...	18	69	56	All other Diseases.....	4	1
Accidents	1	1	...	11	55	...	...	...	4	...	...	...	...	...	72	41	...	...	11	...	...	11	9	Accidents	6	...	
TOTAL.....	6	8	11	14	7	4	6	28	65	9	6	14	5	49	5	39	24	6	22	328	287	12	19	57	2	22	112	94	TOTAL.....	12	3

a, Both Children, unvaccinated, recovery.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. J. A. FAWTHORN.

5 Mr. J. A. ...
- 6 Mr. W. A. L'ANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARE.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 21st DAY OF MAY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.
Small-Pox.....	2	...	...	...	...	2	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	...	3	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	...	1	1	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	5	4	...	...	...	...	...	3	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Whooping Cough.....	1	...	...	...	...	...	...	...	...	1	...	...	...	2	6	...	...	...	...	...	...	...	Whooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	1	1	...	...	...	...	...	...	...	...	1	2	...	1	6	10	...	...	...	...	...	4	...	Diarrhoea.....	...	...
Dysentery.....	1	...	...	1	1	...	...	1	...	...	1	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	Erysipelas.....	...	...
Continued Fever.....	1	...	...	...	...	...	1	...	Continued Fever.....	...	...
Typhus.....	1	...	...	...	...	1	1	3	2	...	2	...	7	...	Typhus.....	...	...
Enteric or Typhoid....	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	3	...	Enteric or Typhoid....	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	4	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	7	1	...	...	4	...	...	4	1	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	1	...	...	...	...	...	...	...	1	...	3	2	...	...	...	...	...	3	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	...	3	1	...	1	2	1	...	4	2	2	...	3	...	1	2	...	...	23	27	...	5	4	...	...	9	15	Bronchitis and Catarrh.	...	...
Influenza.....	1	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	3	2	...	...	1	...	...	1	...	Pleurisy and Pneumonia	...	...
Phthisis.....	1	1	1	...	...	1	2	1	...	...	1	4	...	...	...	...	...	12	13	...	...	1	...	1	2	5	Phthisis.....	2	1
Constitutional Syphilis.	1	...	...	...	...	1	...	1	...	...	...	3	8	...	...	3	...	...	3	1	Constitutional Syphilis.	...	...
All other Diseases.....	4	5	9	10	6	8	...	20	11	8	1	6	2	42	...	25	15	5	17	194	153	16	10	25	...	20	71	58	All other Diseases.....	7	1
Accidents.....	1	...	1	...	1	1	...	4	43	2	...	...	...	...	...	...	...	1	...	54	48	...	2	17	...	...	19	17	Accidents.....	3	...
TOTAL.....	6	12	15	16	8	12	7	26	57	19	3	11	3	50	3	30	21	8	18	325	279	19	19	56	2	21	117	112	TOTAL.....	12	2

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 28th DAY OF MAY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.							
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.					
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
								8	9	10	11	12	13	14	15															16	17	18	19
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24								
Small-Pox.....	...	1a	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	Small-Pox.....	...	...	
Measles.....	...	2	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	Measles.....	...	...	
Scarlet Fever.....	2	...	...	...	...	...	...	...	2	4	...	...	...	...	...	...	...	Scarlet Fever....	...	...	
Diphtheria.....	Diphtheria.....	...	...	
Hooping Cough.....	1	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	4	3	...	...	...	...	...	...	...	Hooping Cough.....	...	...	
Croup.....	Croup.....	...	...	
Diarrhoea.....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	2	4	...	...	8	12	...	...	...	...	...	...	...	Diarrhoea.....	...	...	
Dysentery.....	1	...	...	...	...	...	...	...	Dysentery.....	...	...	
Asiatic Cholera.....	Asiatic Cholera.....	...	...	
Erysipelas.....	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	Erysipelas.....	...	...	
Continued Fever.....	3	...	...	...	...	...	...	...	Continued Fever.....	...	...	
Typhus.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	1	...	2	1	Typhus.....	1	1			
Enteric or Typhoid...	1	Enteric or Typhoid...	...	...	
Relapsing.....	Relapsing.....	...	...	
Febricula.....	8	...	1	...	...	2	...	...	...	...	...	2	1	...	...	14	3	...	1	1	...	...	2	3	Febricula.....	...	...	
Ague.....	Ague.....	...	...	
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	i	2	6	...	...	...	...	...	...	1	Rheumatic Fever.....	...	...	
Puerperal Fever.....	Puerperal Fever.....	...	...	
Bronchitis and Catarrh.	1	...	1	...	2	...	...	1	...	...	2	...	...	7	27	1	1	9	...	...	11	21	Bronchitis and Catarrh..	1	2			
Influenza.....	1	...	...	...	...	...	...	...	Influenza.....	...	...	
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	6	...	...	...	...	...	...	2	Pleurisy aud Pneumonia	1	...		
Phthisis.....	...	1	...	...	2	...	...	1	...	...	...	...	6	...	...	...	...	...	10	12	1	...	1	...	...	2	7	Phthisis.....	2	...
Constitutional Syphilis.	3	...	...	...	...	...	3	...	...	1	...	...	7	2	1	...	2	...	...	3	1	Constitutional Syphilis..	...	...	
All other Diseases.....	1	3	10	9	3	3	4	25	13	5	3	2	2	50	...	37	11	6	16	203	188	15	7	34	...	16	72	43	All other Diseases.....	7	1		
Accidents.....	2	...	2	...	7	50	...	...	1	...	1	...	...	...	...	63	43	...	1	15	...	1	17	35	Accidents.....	1	1			
TOTAL.....	1	9	14	20	5	10	6	37	63	10	3	5	2	61	1	43	19	7	17	333	312	18	11	62	1	17	109	116	TOTAL.....	13	5		

a, Confluent.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead. [No. 22]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 4th DAY OF JUNE, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.				Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	PUBLIC INSTITUTIONS.			TOTAL.					
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.						Out-Patients.	For the Week.			Corresponding Week last Year.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			DISEASES	Newcastle.	Gateshead.
Small-Pox.....	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	...	1	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	4	1	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	1	1	...	...	...	...	1	...	...	...	3	7	...	...	...	...	...	...	...	Scarlet Fever....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	3	...	...	1	...	...	...	...	...	7	...	...	...	11	3	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhœa.....	...	3	2	...	...	1	3	...	...	...	...	1	...	...	...	1	1	...	...	12	11	...	...	...	...	...	4	...	Diarrhœa.....	2	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	1	...	...	...	...	...	...	...	1	...	1	...	4	2	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	3	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	5a	...	2a	...	...	...	...	...	1a	...	...	6	...	...	...	...	14	3	...	1	...	...	1	...	...	Typhus.....	...	...
Enteric or Typhoid...	4	...	...	...	...	4	2	...	...	...	...	...	2	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	4	4	1	...	2	1	...	4	2	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	2	...	...	...	...	1	...	1	...	...	...	...	...	4	3	...	...	...	...	...	2	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	2	2	1	...	1	1	4	...	1	3	1	1	2	2	...	..	2	...	..	23	34	...	1	1	...	2	4	17	Bronchitis and Catarrh..	...	1
Influenza.....	3	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	4	5	...	...	...	...	...	1	...	Pleurisy and Pneumonia	...	...
Phthisis.....	1	1	1	...	...	2	...	1	...	...	...	...	...	7	...	1	2	1	...	17	6	...	...	4	...	1	5	5	Phthisis.....	3	...
Constitutional Syphilis.	3	...	1	4	5	...	...	...	...	...	2	...	Constitutional Syphilis..	1	...
All other Diseases.....	3	6	5	8	3	...	...	20	6	5	6	1	3	35	...	25b	22	5	17	170	147	15	15	33	...	17	80	44	All other Diseases.....	3	2
Accidents.....	6	48	1	...	...	...	5	...	...	...	...	...	60	56	...	...	12	...	...	12	10	Accidents.....	...	...
TOTAL.....	6	14	11	17	4	6	16	28	55	12	9	6	5	50	10	36	30	9	18	342	299	16	17	52	1	20	106	89	TOTAL.....	9	3

a, Sent to Newcastle Fever Hospital; b, 1 an In-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARE.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 23]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 11th DAY OF JUNE, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		DISEASES	Newcastle.	Gateshead.						
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		POOR LAW DISTRICTS.				PUBLIC INSTITUTIONS.			TOTAL.		
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.	Western.				Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	...	...
Measles.....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	5	...	...	1	..	...	1	2	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	2	...	...	1	...	...	...	...	1	...	...	...	4	10	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup.....	1	...	...	...	1	1	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	1	...	...	1	1	...	..	...	...	...	...	...	1	7	...	2	13	8	...	2	...	...	...	2	1	Diarrhoea.....	...	...
Dysentery.....	2	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	..	...	...	...	1	2	...	...	...	...	...	...	1	Erysipelas.....	...	...
Continued Fever.....	1	...	1	...	...	...	1	3	Continued Fever.....	...	...
Typhus.....	4	...	2a	...	...	...	...	—	...	...	5	...	...	...	...	11	1	...	...	...	...	...	...	2	Typhus.....	...	...
Enteric or Typhoid...	1	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	5	...	1	1	...	...	2	4	Febricula.....	...	1	
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	1	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	1	2	2	2	...	2	2	3	...	1	2	...	1	18	27	2	1	2	...	1	6	13	Bronchitis and Catarrh..	1	1
Influenza.....	1	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	3	3	...	...	...	...	...	...	1	Pleurisy and Pneumonia	...	...
Phthisis.....	1	2	1	...	1	1	...	...	1	...	...	1	...	3	...	...	1	...	12	20	...	...	2	...	...	2	5	Phthisis.....	2	1
Constitutional Syphilis..	1	1	...	...	...	...	...	3	...	...	...	1	...	...	1	3	...	...	10	6	...	...	3	...	...	3	...	Constitutional Syphilis..	...	...
All other Diseases.....	3	7	3	10	3	7	...	20	8	3	3	1	3	30	...	17b	14	5	20	157	172	17	11	23	...	16	67	48	All other Diseases.....	8	3
Accidents.....	13	42	1	...	...	...	...	...	...	...	...	56	42	...	...	12	...	...	12	19	Accidents.....	...	...
TOTAL.....	5	14	8	16	4	12	5	38	51	7	5	3	3	37	5	23	28	5	23	292	306	19	16	45	0	17	97	101	TOTAL.....	11	6

^a, Sent to Newcastle Fever Hospital; ^b, 1 an In-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. I'ANSON.

7 Mr. JON. DALGLEISH.

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15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 M. N. HARDCASTLE.

18 M. N. HARDCASTLE.

19 M. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 24]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 18th DAY OF JUNE, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.											Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	1	1	..	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	2	Measles.....	...	...
Scarlet Fever	1	...	1	...	...	...	...	...	...	2	3	...	...	...	...	...	...	1	Scarlet Fever....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	3	...	...	...	3	1	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup	Croup .....	...	...
Diarrhoea	4	3	...	...	...	...	...	...	...	1	...	1	...	5	6	1	...	21	4	...	...	...	...	...	...	2	Diarrhoea.....	1	...	
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas.....	1	1	...	...	...	...	...	...	...	2	Erysipelas .....	...	...
Continued Fever.....	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	3	1a	...	...	...	...	1	—	...	...	3	...	...	1	...	9	4	...	...	2	...	...	2	...	Typhus	1	...	
Enteric or Typhoid...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	Enteric or Typhoid...	...	...
Relapsing	Relapsing .....	...	...
Febricula	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	4	2	...	...	2	...	...	2	...	Febricula ..	...	...
Ague.....	Ague .....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	2	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	3	2	3	1	1	5	...	2	1	1	...	19	29	...	1	3	4	11	Bronchitis and Catarrh..
Influenza	3	...	...	...	...	...	...	...	...	3	4	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	3	6	...	...	...	...	...	...	1	Pleurisy aud Pneumonia	...	...
Phthisis	2	...	1	...	1	...	...	1	...	3	...	...	...	...	...	8	11	...	2	2	...	...	4	4	Phthisis.....	4	...	
Constitutional Syphilis.	1	...	...	...	...	...	...	...	...	...	1	3	...	...	5	4	...	1	2	...	...	3	...	Constitutional Syphilis..	...	...
All other Diseases	4	5	4	5	1	2	...	15	9	5	4	1	1	22	...	36b	10	6	16	146	154	14	12	28	...	18	72	52	All other Diseases.....	4	3
Accidents	1	...	...	2	...	...	...	8	49	...	...	...	...	...	...	...	...	...	60	63	1	...	11	...	...	12	10	Accidents .....	...	...
TOTAL.....	6	14	9	15	3	4	5	24	58	9	11	3	3	32	4	47	21	9	17	294	292	15	16	50	0	18	99	87	TOTAL.....	10	3

a, Sent to Newcastle Fever Hospital; b, 4 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 M. N. HARDCASTLE.
18 M N. HARDCASTLE
19 M N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 25]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 25th DAY OF JUNE, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox .....	..	..	..	..	4a	3	..	..	..	1	..	..	..	..	..	..	..	..	..	8	..	..	..	..	..	..	..	..	Small-Pox.....	..	..
Measles	1	1	1	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	6	1	..	..	..	..	..	..	..	Measles.....	..	..
Scarlet Fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	..	..	..	..	..	..	..	Scarlet Fever.....	..	..
Diphtheria .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Diphtheria .....	..	..
Hooping Cough .....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	3	6	..	..	..	..	..	..	..	Hooping Cough.....	..	..
Croup .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	1	..	Croup .....	..	..
Diarrhœa .....	..	3	2	..	..	1	..	..	..	1	..	..	..	3	..	5	..	..	..	15	7	1	..	1	..	..	2	2	Diarrhœa.....	..	..
Dysentery .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	Dysentery .....	..	..
Asiatic Cholera .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Asiatic Cholera.....	..	..
Erysipelas .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	Erysipelas .....	..	..
Continued Fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	4	..	..	..	..	..	..	1	Continued Fever .....	..	..
Typhus.....	..	..	..	..	..	1b	..	..	..	1	..	..	..	1	4	..	..	..	..	7	2	..	..	..	..	..	..	..	Typhus	1	..
Enteric or Typhoid...	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Enteric or Typhoid...	..	..
Relapsing .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Relapsing .....	..	..
Febricula .....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	1	..	..	1	3	Febricula .....	..	..
Ague.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Ague .....	..	..
Rheumatic Fever.....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	1	1	2	1	..	1	2	..	..	4	2	..	..	5	..	..	2	..	..	21	13	..	..	1	..	..	1	10	Bronchitis and Catarrh.	..	1
Influenza .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	Influenza .....	..	..
Pleurisy and Pneumonia	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	2	..	1	..	..	..	1	1	..	Pleurisy and Pneumonia	..	..
Phthisis .....	..	1	..	..	..	..	..	2	..	..	..	..	..	5	..	..	..	..	1	9	10	..	..	1	..	..	1	3	Phthisis.....	3	..
Constitutional Syphilis.	1	..	..	..	..	..	..	2	2	..	..	..	..	..	..	2	..	1	8	3	..	..	2	..	..	2	1	..	Constitutional Syphilis..	..	..
All other Diseases	2	4	6	5	2	3	2	16	6	2	2	1	3	15	..	16	13	6	9	113	93	14	5	13	..	18	50	35	All other Diseases.....	5	4
Accidents .....	..	..	..	1	..	..	..	7	36	..	..	..	..	1	..	..	1	..	46	46	..	..	21	..	..	21	20	..	Accidents .....	..	..
TOTAL.....	6	12	11	7	6	9	5	27	44	11	4	2	3	30	6	23	17	8	12	243	209	15	6	41	0	18	80	87	TOTAL.....	9	5

a, all in one family; b, removed to Newcastle Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 M. N. HARDCASTLE.
19 M. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 2nd DAY OF JULY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			DISEASES	Newcastle.	Gateshead.	
Small-Pox	1	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	Measles.....	...	...
Scarlet Fever	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	14	...	...	1	..	...	1	...	Scarlet Fever.....	...	...
Diphtheria	1	...	...	...	...	...	...	...	Diphtheria .....	...	...
Hooping Cough	2	...	...	...	...	...	...	...	...	...	...	4	...	...	...	6	10	2	...	...	...	1	3	...	Hooping Cough.....	...	...
Croup	1	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhoea	1	...	2	...	...	2	...	..	2	1	1	...	1	...	7	5	...	2	24	10	...	...	...	...	...	6	Diarrhoea.....	...	...
Dysentery.....	3	...	...	...	...	...	...	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	..	...	...	...	1	1	...	...	...	...	...	...	...	Erysipelas .....	...	...
Continued Fever.....	2	...	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	1	...	...	5a	...	...	...	...	...	1	...	...	4	...	1	...	12	2	...	...	...	...	1	1	...	Typhus	1	...	
Enteric or Typhoid...	3	...	...	...	...	3	...	...	...	...	...	...	...	1	Enteric or Typhoid....	...	...
Relapsing	Relapsing .....	...	...
Febricula	8	...	...	...	...	...	1	...	...	...	...	...	1	1	...	11	1	...	..	2	...	...	2	5	Febricula ..	...	...
Ague.....	1	...	...	...	...	...	...	...	Ague .....	...	...
Rheumatic Fever.....	3	...	...	1	...	...	1	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	3	...	...	...	...	2	...	1	...	...	2	1	7	...	3	2	...	21	25	...	2	3	...	...	5	11	Bronchitis and Catarrh..	1	...
Influenza	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	...	...	...	1	10	...	...	...	...	...	...	1	Pleurisy aud Pneumonia	...	...
Phthisis	2	...	2	...	...	2	...	...	6	20	...	...	...	...	1	1	6	Phthisis.....	1	1	
Constitutional Syphilis.	3	...	...	...	...	2	...	1	3	...	1	10	12	...	...	1	...	...	1	2	Constitutional Syphilis..	...	...
All other Diseases	5	1	1	3	2	5	...	11	13	5	2	4	1	30	...	42b	23	10	10	168	165	9	7	17	...	14	47	52	All other Diseases.....	5	...
Accidents	1	...	7	36	1	...	...	...	...	...	...	2	...	47	65	...	...	19	...	...	19	14	Accidents .....	...	...
TOTAL.....	5	7	2	17	3	12	6	21	50	11	3	10	2	42	7	57	37	13	13	318	347	11	9	44	0	17	81	99	TOTAL.....	8	1

a, all removed to Newcastle Fever Hospital; b, 1 an in-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 M. N. HARDCASTLE.

19 M. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 27

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 9th DAY OF JULY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.										
	St. Andrew's.	Jesmond, Heston, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.			
Small-Pox.....	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	Small-Pox.....	20	..
Measles.....	1	..	..	..	..	..	..	2	Measles.....	..	..
Scarlet Fever.....	1	1	..	1	..	..	..	1	3	..	..	..	..	..	..	..	7	11	..	..	2	..	..	2	..	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	1	..	..	..	..	..	..	1	..	..	..	..	..	2	..	..	..	4	6	..	..	..	..	..	..	..	Hooping Cough.....	..	..
Croup.....	Croup.....	..	..
Diarrhoea.....	3	..	..	..	..	1	..	2	..	4	3	..	..	13	14	..	1	1	..	..	2	7	Diarrhoea.....	..	..
Dysentery.....	3	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	Erysipelas.....	..	..
Continued Fever.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	1	..	..	1	..	..	Continued Fever.....	..	..
Typhus.....	..	1	2a	..	..	1a	..	..	..	..	..	4	..	..	3	..	..	..	..	11	1	..	..	..	1	..	1	..	Typhus.....	1	..
Enteric or Typhoid...	1	..	..	..	..	..	..	..	Enteric or Typhoid...	..	..
Relapsing.....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Relapsing.....	..	..
Febricula.....	1	..	..	..	..	..	..	..	..	..	1	..	..	..	2	5	..	1	1	..	..	2	2	Febricula.....	..	..
Ague.....	Ague.....	..	..
Rheumatic Fever.....	1	..	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	1	4	..	3	..	..	2	..	3	1	1	..	1	3	..	..	3	..	1	23	15	..	1	..	..	1	4	..	Bronchitis and Catarrh.	..	..
Influenza	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	1	..	..	..	..	..	..	..	..	1	5	..	1	..	..	..	1	3	Pleurisy and Pneumonia	1	..
Phthisis.....	1	3	1	1	1	..	7	..	..	..	..	1	15	21	1	..	5	..	6	4	..	Phthisis.....	1	..
Constitutional Syphilis.	1	1	..	2	1	2	..	7	7	..	..	2	..	2	..	..	Constitutional Syphilis.	..	..
All other Diseases.....	5	2	9	5	4	2	..	16	13	1	1	6	2	31	1	32b	16	6	9	161	129	5	11	18	..	10	44	43	All other Diseases.....	6	2
Accidents.....	..	1	..	..	..	..	..	8	43	..	..	..	..	1	..	..	..	1	..	54	65	1	2	10	..	13	11	..	Accidents.....	..	..
TOTAL.....	6	9	12	13	8	4	6	25	62	5	4	16	5	45	4	41	23	9	11	308	289	7	18	39	1	10	75	77	TOTAL.....	11	2

a, removed to Newcastle Fever Hospital; b, 2 in-patients; c, ages, 2½ years, and 24 days.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 M. N. HARDCASTLE.
19 M. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 16th DAY OF JULY, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.							DEATHS.			
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.				
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	Newcastle.	Gateshead.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox	1	..	..	..	1	..	..	..	..	..	..	2	Small-Pox.....	..	..
Measles.	5	..	..	..	..	1	..	..	..	..	..	..	..	6	1	..	..	..	..	..	1	Measles.....	..	..
Scarlet Fever	1	..	..	..	1	..	..	..	..	..	..	..	2	7	..	..	..	..	..	1	Scarlet Fever....	..	..
Diphtheria	Diphtheria.....	..	..
Hooping Cough	9	..	..	..	..	..	1	Hooping Cough.....	..	..
Croup	Croup.....	..	..
Diarrhœa	3	1	1	3	2	..	1	..	8	6	25	15	2	4	3	..	2	11	2	Diarrhœa.....	
Dysentery.	1	..	..	1	..	Dysentery.....	..	..
Asiatic Cholera	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	..	..	..	..	..	..	Erysipelas.....	..	..
Continued Fever.....	4	..	..	..	..	..	1	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	1	Continued Fever.....	..	..
Typhus.....	..	1	..	..	..	..	2a	..	..	1	..	1	..	5	..	..	..	..	10	..	..	..	..	..	..	..	Typhus.....	2	..
Enteric or Typhoid...	Enteric or Typhoid...	..	..
Relapsing.....	1	..	..	..	1	..	Relapsing.....	..	..
Febricula.....	4	..	..	..	..	..	..	..	..	..	..	2	1	..	..	7	3	..	..	..	..	..	1	Febricula.....	..	..
Ague.....	1	..	..	1	..	Ague.....	..	..
Rheumatic Fever.....	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh..	..	4	1	..	2	1	2	..	1	..	1	12	19	1	1	13	Bronchitis and Catarrh..	
Influenza	1	1	2	1	..	1	1	1	Pleurisy aud Pneumonia	
Pleurisy and Pneumonia	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	1	1	2	1	1	8	..	2	16	11	2	2	7	Phthisis.....	1	..	
Constitutional Syphilis..	1	..	1	..	..	..	..	1	..	2	1	1	..	7	5	..	..	..	..	..	2	Constitutional Syphilis..	..	..
All other Diseases.....	4	1	2	5	4	5	..	23	4	7	2	..	1	31	1	38b	18	7	7	160	132	10	3	29	..	9	51	61	All other Diseases.....	8c	1
Accidents	8	36	..	..	..	..	..	..	..	..	..	44	50	..	1	19	..	20	4	Accidents.....	..	..
TOTAL.....	5	9	2	15	5	12	7	34	43	12	4	5	1	43	6	54	26	9	7	299	254	12	10	55	0	12	89	97	TOTAL.....	11	1

a, removed to Newcastle Fever Hospital; b, 2 in-patients; c, 1, heart disease.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 23rd DAY OF JULY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	1	Measles.....	...	...
Scarlet Fever.....	...	1	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	4	7	...	...	...	...	...	...	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	...	...	...	1	6	...	...	...	...	...	...	1	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhœa.....	1	2	...	2	...	3	...	...	...	1	...	3	5	...	...	18	4	2	...	41	16	5	4	2	...	11	4	Diarrhœa.....	...	1
Dysentery.....	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	1	...	...	1	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	3	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	...	1	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	5	2	...	...	...	...	...	...	1	Typhus.....	2	...
Enteric or Typhoid....	Enteric or Typhoid....	...	...
Relapsing.....	3	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	2	...	1	...	...	...	2	...	...	...	...	1	1	...	...	7	3	...	1	...	...	1	2	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	1	...	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	2	...	1	1	...	...	1	...	...	2	4	...	1	1	...	...	14	16	...	4	1	...	5	8	Bronchitis and Catarrh.	...	...
Influenza.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	1	4	...	...	1	...	1	1	Pleurisy and Pneumonia	...	...
Phthisis.....	1	...	...	...	...	...	...	2	...	...	1	...	...	1	...	...	...	...	5	10	...	...	1	...	...	1	9	Phthisis.....	...	2
Constitutional Syphilis.	1	...	...	1	1	...	...	...	...	4	...	...	...	...	1	8	4	...	...	1	...	1	1	Constitutional Syphilis.	...	...
All other Diseases.....	1	2	5	5	2	3	1	18	7	2	7	3	..	25	...	35a	15	6	9	146	136	9	7	30	...	13	59	54	All other Diseases.....	10	2
Accidents.....	1	..	1	...	...	5	47	...	...	...	...	...	...	...	...	...	54	52	..	2	16	...	...	18	24	Accidents.....	...	...
TOTAL.....	3	8	7	13	5	8	4	26	55	8	10	7	10	34	4	56	22	9	11	300	265	14	18	53	0	13	98	106	TOTAL.....	12	5

a, 3 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG,
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 30th DAY OF JULY, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.				
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.				
								8	9	10	11	12	13	14	Fever Hospital.															Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.
DISEASES	Newcastle	Gateshead.																															
Small-Pox	Small-Pox.....	...	...	
Measles.	1	...	..	...	3	1	2	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	2	Measles.....	...	...
Scarlet Fever	1	...	...	...	...	...	...	...	...	1	10	...	1	1	..	...	2	2	Scarlet Fever....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	4	1	...	...	...	1	2	...	Hooping Cough.....	...	...
Croup	Croup .....	...	...
Diarrhoea	1	2	...	2	...	2	4	...	...	1	...	5	...	5	...	30	6	1	...	59	32	4	4	1	...	4	13	26	Diarrhoea.....	...	1
Dysentery.....	1	...	...	1	2	...	...	...	...	...	1	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas	1	...	...	...	...	...	...	...	Erysipelas .....	...	...
Continued Fever.....	1	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	1a	...	...	...	...	...	...	...	...	4	...	...	...	...	5	2	...	...	...	...	...	...	...	Typhus.....	...	...
Enteric or Typhoid...	1	...	...	...	1	...	...	...	...	2	2	...	...	...	...	...	...	...	Enteric or Typhoid...	...	...
Relapsing	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	Relapsing .....	...	...
Febricula	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	9	...	1	1	...	...	2	2	Febricula ..	...	...
Ague.....	1	1	...	2	...	...	...	...	...	...	...	...	Ague .....	...	...
Rheumatic Fever.....	1	...	...	...	...	1	...	...	2	1	...	...	...	...	1	1	3	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	...	2	...	...	1	1	...	1	1	...	1	...	1	...	...	1	...	2	12	17	...	...	1	...	...	1	10	Bronchitis and Catarrh..	...	1
Influenza	1	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	1	Pleurisy and Pneumonia	...	...
Phthisis	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	4	8	...	...	...	...	1	1	7	Phthisis.....	2	3		
Constitutional Syphilis.	2	...	1	...	...	...	1	...	...	2	...	...	6	9	...	...	3	...	...	3	2	Constitutional Syphilis..	...	...
All other Diseases	4	6	4	9	1	6	...	19	5	4	2	4	1	25	...	28	10	6	11	145	148	6	7	37	...	10	60	90	All other Diseases.....	7	1		
Accidents	1	...	...	...	...	...	2	5	44	...	...	...	...	...	...	...	...	...	...	52	62	..	1	12	...	...	13	3	Accidents	1	...
TOTAL.....	7	12	6	19	1	11	8	26	50	12	5	14	1	32	5	58	22	8	13	310	312	11	14	56	0	17	98	149	TOTAL.....	10	6		

α, Removed to Newcastle Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 31

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 6th DAY OF AUGUST, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			DISEASES	Newcastle	Gateshead.	
Small-Pox	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	1	Measles.....	...	...
Scarlet Fever	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	9	...	...	...	...	...	...	...	Scarlet Fever....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	1	1	...	...	...	...	2	...	...	...	...	...	...	...	5	...	...	...	9	6	1	...	...	...	1	2	2	Hooping Cough.....	...	...
Croup	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Croup	1	...	
Diarrhoea	2	2	...	...	3	2	4	...	...	1	1	...	6	...	34	2	...	...	57	32	...	1	9	...	4	14	11	Diarrhoea.....	1	...
Dysentery.....	1	...	...	...	...	...	...	...	Dysentery	1	...	
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas	1	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	Erysipelas .....	...	...
Continued Fever.....	3	...	...	...	...	...	...	...	...	...	5	...	...	...	...	8	...	...	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	1a	...	...	...	...	1	...	...	11	...	1	...	...	14	1	...	...	1	...	...	1	...	Typhus .....	...	...
Enteric or Typhoid...	1	...	...	...	...	1	1	...	...	1	...	...	1	...	Enteric or Typhoid...	...	...
Relapsing	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Relapsing .....	...	...
Febricula	1	...	4	...	...	...	...	...	...	...	1	...	...	1	...	...	...	7	2	1	...	3	...	...	4	3	Febricula ..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	1	1	5	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	1	...	...	...	...	...	...	...	...	Puerperal Fever.....	1	...	
Bronchitis and Catarrh.	...	2	...	...	...	1	2	...	...	4	1	2	2	2	2	...	1	2	21	18	...	1	3	...	1	5	11	Bronchitis and Catarrh..	...	...
Influenza	1	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	2	...	1	...	...	...	1	2	Pleurisy aud Pneumonia	...	...
Phthisis	2	...	...	...	...	...	...	...	...	1	1	...	1	5	25	...	1	1	...	...	2	3	Phthisis.....	2	...	
Constitutional Syphilis.	1	...	...	...	...	1	...	1	...	...	1	...	...	2	1	...	7	6	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases	2	3	5	8	2	13	13	15	5	3	2	15	...	27b	12	9	12	146	156	10	12	29	...	10	61	66	All other Diseases.....	7	5
Accidents	1	...	10	31	...	...	...	...	...	...	...	...	1	43	55	..	1	14	...	...	15	9	Accidents	2	...	
TOTAL.....	6	9	6	18	5	9	11	24	44	21	7	6	6	24	17	71	19	11	17	331	317	12	17	61	0	17	107	113	TOTAL.....	15	5

a, Removed to Newcastle Fever Hospital. b, 1 an In-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM,	6 Mr. W. A. PANSON.	11 Mr. W. ANDERSON,	16 Mr. W. DODD.
Mr. H. W. NEWTON.	7 Mr. JON. DALGLEISH.	12 Mr. C. CARR.	17 Mr. N. HARDCASTLE.
Mr. G. C. GILCHRIST.	8 Dr. F. PAGE.	13 Mr. J. G. BLACK.	18 Mr. N. HARDCASTLE.
Mr. JOHN HAWTHORN.	9 Dr. F. PAGE.	14 Mr. H. E. ARMSTRONG.	19 Mr. N. HARDCASTLE.
Mr. J. A. ANGUS.	10 Mr. H. E. ARMSTRONG.	15 Mr. H. E. ARMSTRONG.	20 Dr. R. F. COOK.
			21 Dr. G. DOUGLASS.
			22 Dr. F. W. NEWCOMBE.
			23 Dr. R. F. COOK.
			24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No 32]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 13th DAY OF AUGUST, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.		
								8	9	10	11	12	13	14	For the Week.						Corresponding Week last Year.										
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.				
Small-Pox.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	1	...	...	...	...	...	1	...	...	...	...	...	2	3	...	1	1	...	...	2	1	Scarlet Fever....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	...	...	...	...	...	1	...	1	...	...	...	3	9	...	2	...	...	...	2	1	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	1	1	8	6	...	1	6	...	1	1	1	...	1	...	38	2	2	...	69	36	...	3	3	...	...	6	6	Diarrhoea.....	2	2
Dysentery.....	1	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	3	1	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	5	...	...	...	...	...	...	1	...	...	4	...	...	...	...	10	...	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	1	...	...	...	...	...	1	...	...	...	...	4	...	1	...	...	7	...	...	...	...	...	...	...	...	Typhus.....	...	...
Enteric or Typhoid...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	4	...	1	...	...	...	...	...	...	...	...	3	...	...	1	9	4	...	...	2	...	...	2	7	Febricula..	...	1	
Ague.....	Ague.....	...	...
Rheumatic Fever.....	...	2	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	4	1	2	...	...	...	...	2	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	1	...	
Bronchitis and Catarrh.	1	2	3	2	...	...	1	...	...	6	...	...	4	...	...	...	...	...	19	22	...	2	2	...	...	4	6	Bronchitis and Catarrh..	1	...
Influenza.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	1	4	...	...	...	...	...	...	...	Pleurisy aud Pneumonia	...	...
Phthisis.....	6	...	...	...	...	...	6	13	1	...	...	...	...	1	6	Phthisis.....	2	...	
Constitutional Syphilis.	6	...	...	...	...	...	2	...	...	...	...	1	9	9	...	...	...	...	...	...	1	Constitutional Syphilis..	...	...
All other Diseases.....	2	3	1	5	2	3	...	13	6	2	3	..	3	30	...	20	18	4	7	122	161	9	6	30	...	15	60	64	All other Diseases.....	5	2
Accidents.....	1	...	...	1	...	4	47	...	1	...	1	...	...	..	2	...	57	54	..	1	17	...	...	18	13	Accidents.....	1	...	
TOTAL.....	4	9	15	25	2	7	11	23	53	10	5	2	3	47	9	62	21	8	10	326	319	12	15	55	0	15	97	105	TOTAL.....	12	5

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 33]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 20th DAY OF AUGUST, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28					
Small-Pox.....	Small-Pox.....	..	..	
Measles.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	Measles.....	..	..	
Scarlet Fever....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	..	..	..	1	Scarlet Fever....	..	..	
Diphtheria.....	Diphtheria.....	..	..	
Whooping Cough....	1	..	..	..	1	11	..	..	..	..	..	1	Whooping Cough....	..	..	
Croup.....	Croup.....	..	..	
Diarrhoea.....	1	1	..	4	2	3	4	3	3	..	1	..	21	8	..	1	52	25	5	6	7	..	5	23	10	Diarrhoea.....	1	1		
Dysentery.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	..	..	..	..	..	..	Dysentery.....	..	..	
Asiatic Cholera.....	Asiatic Cholera.....	..	..	
Erysipelas.....	3	..	..	..	..	..	..	Erysipelas.....	..	..	
Continued Fever.....	3	..	..	..	..	..	1	..	..	..	5	..	..	..	..	9	..	..	..	..	..	..	..	Continued Fever.....	..	..	
Typhus.....	1	1	2a	1a	3	8	4	1	..	1	2	Typhus.....		
Enteric or Typhoid...	2	1	1	1	2	..	5	..	Enteric or Typhoid...	..	1		
Relapsing.....	Relapsing.....	..	..	
Febricula.....	1	..	1	6	1	1	4	Febricula.....		
Ague.....	Ague.....	..	..	
Rheumatic Fever.....	1	..	..	..	..	..	..	1	1	..	..	..	..	..	1	Rheumatic Fever.....	..	..	
Puerperal Fever.....	1	Puerperal Fever.....	..	..	
Bronchitis and Catarrh.	1	2	2	1	2	1	..	1	..	6	..	3	1	..	1	21	23	3	..	2	5	12	Bronchitis and Catarrh..	3	1	
Influenza.....	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	Influenza.....	..	..	
Pleurisy and Pneumonia	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	4	..	..	..	..	..	..	4	Pleurisy and Pneumonia	..	..	
Phthisis.....	3	..	2	3	..	1	1	..	10	12	..	1	1	..	1	3	2	Phthisis.....	3	..		
Constitutional Syphilis.	2	3	1	1	2	1	1	11	9	1	..	1	1	Constitutional Syphilis..		
All other Diseases.....	..	5	2	9	5	3	..	17	11	8	2	3	..	33	..	31b	8	6	10	153	138	12	3	25	..	9	49	70	All other Diseases.....	10	1	
Accidents.....	1	..	6	48	..	2	57	58	..	1	13	14	4	Accidents.....	1	..		
TOTAL.....	3	11	8	20	7	9	6	29	60	16	7	4	2	43	8	59	20	9	13	334	300	18	12	52	3	17	102	113	TOTAL.....	18	4	

a, Removed to Newcastle Fever Hospital; b, 1 an in-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM,
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG,

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG,
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead. [No. 34]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 27th DAY OF AUGUST, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.					
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.													TOTAL.		DISEASES									
	1 St. Andrew's.	2 Jesmond, Heaton, and Byker.	3 All Saints.	4 St. Nicholas'.	5 Elswick and Benwell.	6 Westgate.	7 Fenham and St. Andrew's.	Infirmary.		Dispensary.					15 Fever Hospital.	16 Children's Hospital.	17 Workhouse.	18 Vagrant Ward.	19 Gaol.	TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.					
								8 In-Patients.	9 Out-Patients.	10 Central.	11 Eastern.	12 Western.	13 Elswick.	14 Out-Patients.						For the Week.	Corresponding Week last Year.	20 Western.		21 Eastern.	22 Dispensary.	23 Fever Hospital.	24 Workhouse.	For the Week.	Corresponding Week last Year.			
Small-Pox.....	Small-Pox.....	...	...
Measles.....	Measles.....	...	...
Scarlet Fever	1	...	...	1	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	3	...	Scarlet Fever....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	10	1	...	...	...	...	1	2	...	Hooping Cough.....	...	...
Croup	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhœa	1	1	4	2	1	...	27	3	2	...	41	33	4	2	6	...	1	13	3	...	Diarrhœa.....	1	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	3	...	Erysipelas .....	...	...
Continued Fever.....	...	1	...	8a	...	...	...	...	...	...	...	...	...	7	...	...	...	...	16	1	...	...	...	...	...	...	7	...	Continued Fever .....	...	...
Typhus.....	2	...	...	...	...	...	...	...	...	...	...	...	...	6	...	1	2	...	11	4	...	...	...	...	...	...	...	...	Typhus .....	...	...
Enteric or Typhoid...	2	...	3	2	4	...	9	...	...	...	Enteric or Typhoid....	...	...
Relapsing	Relapsing
Febricula	3	...	1	...	...	...	...	...	...	...	...	1	...	...	...	5	7	...	1	3	...	...	4	8	...	Febricula..	...	...
Ague.....	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	...	2	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	4	1	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	1	3	...	1	1	2	...	...	1	...	1	1	3	...	...	...	...	14	21	1	1	2	...	2	6	8	...	Bronchitis and Catarrh..	...	...
Influenza	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	1	...	1	...	...	...	1	3	...	Pleurisy and Pneumonia	...	1	
Phthisis	1	...	...	...	...	...	...	1	1	1	...	...	...	2	...	1	...	...	7	10	...	...	1	...	...	1	4	...	Phthisis.....	3	...
Constitutional Syphilis.	1	1	1	...	2	5	7	1	1	2	...	Constitutional Syphilis..
All other Diseases	2	2	4	5	5	5	...	20	10	9	3	1	1	33	...	35b	11	5	5	156	135	10	8	25	...	12	55	77	...	All other Diseases.....	7	2
Accidents	8	45	...	...	...	...	...	...	...	...	...	53	52	...	...	14	...	...	14	20	...	Accidents .....	...	...
TOTAL.....	5	8	8	17	6	8	9	32	56	12	5	2	2	40	13	64	16	9	8	320	290	16	16	54	4	15	105	140	TOTAL.....	11	3	

a, all Removed to Newcastle Fever Hospital; b, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. T'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG,
- 11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE second meeting of the Association was held in the library of the Infirmary, on Thursday evening, November 10th. There was a fair attendance of members. Dr. BURNUP took the chair at seven p.m.

Dr. Page was unanimously elected a member of the Society.

Dr. Allen was proposed as a member, by Dr. Humble, Dr. Philipson, and Mr. Hawthorn.

Mr. Wilson (Wallsend) was also proposed, by Mr. Ridley, Dr. Denham, and Mr. Jeaffreson.

Dr. PHILIPSON, in reference to the question of the registration of disease, which was brought before the Society at their last meeting, stated that, in consequence of a letter received from Dr. Rumsey, in which he strongly advised the present system of registration being kept up till Government should take up the question; there had been a meeting of the committee of the Society, to take the matter into consideration, that the decision of that meeting was to the effect, that the Secretary should be directed to write to Dr. Rumsey, and inform him that the funds of the Society would not allow of the course he advised being pursued without some pecuniary assistance could be procured from other quarters, and asking him if he thought there was any possibility of obtaining that assistance from the British Medical Association.

Dr. Rumsey's answer to that letter from the Secretary was then read, as follows:—

Priory House, Cheltenham, Nov. 2, 1870.

DEAR SIR,—In reply to your letter, I must say how sorry I am to hear that the admirable voluntary efforts, which have been made so long, and with such good results, by your Medical Society, in the registration of disease, are likely to come to an end for want of funds. The memorial from Newcastle, which we presented to Mr. Goschen on Monday, the 17th October, contained a similar announcement.

Not being now on the Council of the British Medical Association, I could not make any suggestion to that body, as to a grant from its funds, to aid the continuance of your efforts in this matter. I would, however, suggest your making a formal application to the Council on the subject.

My own opinion is that every society like yours should address the Lord President of Council, Earl de Grey, on the subject, enclosing the resolutions agreed to by the deputation on the 17th ult., and stating your own case.

I have forwarded these propositions to the Royal Sanitary Commission. Every possible effort should now be made to impress Government.

I am, dear sir, very truly yours,

Christopher S. Jeaffreson, Esq.

H. W. RUMSEY.

The PRESIDENT wished to know if any gentleman had any remarks to make upon the subject.

Mr. HARDY stated that he considered Dr. Philipson's reports of great interest and value, but that he did not think they should be supported and kept up by a Society such as our own. It was of great importance that there should be a system of registration, but that the expense of such a system should be defrayed by Government. He thought he was speaking the mind of all country practitioners connected with the Society in stating that these reports should be discontinued, for, whatever interest town members might attach to these statistics, to country members they were practically useless.

After slight discussion, a resolution was proposed by Dr. Humble, seconded by Dr. Gibson, "That this question be referred back to the committee, and that they be empowered to deal with it as they think fit."

This resolution was carried, *nem. con.*

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FOURTH REPORT FOR 1870.

By G. H. PHILIPSON, M.A., M.D.

THE returns for the months of September and October, from September 3rd to October 29th, 1870, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns:—

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new

cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
September 3 ...	302	102	59	21	9	1
September 10 ...	325	97	71	23	16	1
September 17 ...	299	96	60	14	7	0
September 24 ...	275	98	52	17	3	0
October 1	304	98	59	11	5	2
October 8	276	109	41	14	13	8
October 15	258	104	45	15	7	6
October 22	277	109	65	7	26	1
October 29	320	96	67	12	26	3

The total of the new cases of disease and injury, in Newcastle, during the nine weeks, has continued stationary. The numbers are under those of the corresponding period of 1869 and 1868. The numbers have varied between 325 and 258. The average of the nine weeks being 293, that of July and August, 316, that of the corresponding period of 1869, 320, and that of 1870, 297. In Gateshead, the numbers have varied between 109 and 96. The average of the nine weeks being 101, that of July and August, 95, that of the corresponding period of 1869, 129, and that of 1868, 96.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, have been few. In Newcastle, the weekly numbers have varied between 71 and 41; and in Gateshead between 23 and 7. In Newcastle, the average of the nine weeks, is 58, against 67, the average of the corresponding period of 1869, and 61, of 1868; and in Gateshead, 15, against 16, the average of the corresponding period of 1869, and 29, of 1868.

Small pox, in Newcastle, has been reported once. The case occurred during the last week of September. In the weekly returns of deaths, published by the authority of the Registrar General, death from small pox is reported in the first week of September.

Out of an aggregate of 190 deaths registered from small pox, in London, and nineteen other large cities and towns of the United

Kingdom, during the thirteen weeks, ending October 1st: 157 occurred in London, 13 in Manchester, 9 in Liverpool, 4 in Salford, 4 in Newcastle, 1 in Bradford, 1 in Leeds, and 1 in Sheffield.

Measles, scarlet fever, and hooping cough, in Newcastle, have been in little force. During the nine weeks, 4 cases of measles have been returned, 27 cases of scarlet fever, and 21 cases of hooping cough. In Gateshead, measles has been unrecorded, and only 2 cases of scarlet fever, and 2 cases of hooping cough have been returned.

Diphtheria has been unreported. In the returns of the Registrar General, 1 death from diphtheria in Newcastle, is recorded in the week ending September 17th.

Croup has been thus reported:—In Newcastle, 4 cases; 3 fatal.

Diarrhœa was common in September, but less prevalent in October.

Asiatic cholera has been unrecorded.

Continued and other fevers, in both towns, have increased in prevalence. After deducting the cases reported to have been sent to the Newcastle and Gateshead Fever Hospitals, and which thus appeared in two returns, the numbers were:—In Newcastle, during the nine weeks, continued fever, 59; typhus fever, 85; enteric fever, 14; relapsing, 2; and febricula, 39; and in Gateshead, continued fever, 4; typhus fever, 22; enteric fever, 34; and febricula, 22. The total admissions into the Newcastle Fever Hospital, during the nine weeks, amounted to 90, 23 continued fever, 60 typhus fever, and 7 enteric fever. In the corresponding period of 1869, 18 cases of typhus fever were admitted; in 1868, 30 cases; and in 1867, 79. Several of the cases admitted into the Newcastle Fever Hospital, in October, are reported to have been mild, and without eruption, although they occurred in families where typhus fever had been previously unmistakably present.

Under bronchitis and kindred affections of the chest, the numbers have varied, in Newcastle, from 31 to 16, and in Gateshead, from 8 to 3. In the corresponding period of 1869, the numbers varied respectively, in Newcastle, from 45 to 23; and in Gateshead, from 48 to 4; and in 1868, in Newcastle, from 35 to 16, and in Gateshead, from 13 to 9.

1. Under phthisis, during the two months, 106 cases were returned in Newcastle, and 26 in Gateshead. In the corresponding period of 1869, the numbers were 93 and 37; and in 1868, 93 and 50.

DEATHS.

The annual rate of mortality; the total registered, from all causes, in Newcastle; the number under one year of age and sixty years of age, and upwards; the number in public and private practice,

from all causes and from zymotic diseases ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.								GATESHEAD.
	Annual rate of Mortality.	Registered from all causes.	Under One Year of age.	Sixty Years of age and upwards.	In Public Practice.		In Private Practice.		In Public Practice.
					From all Causes.	From Zymotic Diseases.	From all Causes.	From Zymotic Diseases.	
September 3.....	29	75	34	12	15	5	60	16	5
September 10.....	29	73	21	12	12	1	61	17	3
September 17.....	23	59	21	9	5	2	54	12	5
September 24.....	18	47	15	6	3	1	44	8	3
October 1	19	49	14	5	6	1	43	4	2
October 8	16	40	9	9	11	2	29	9	2
October 15	19	48	14	8	10	2	38	0	5
October 22	20	51	17	8	16	6	35	6	3
October 29	19	48	15	6	6	2	42	8	1

The annual rate of mortality, in Newcastle, has varied from 29 to 16 per annum, to 1,000 persons living, the former being the number for the first and second weeks of September, and the latter, that for the first week of October. The average of the nine weeks is 21, against 24, the average of the corresponding period of 1869, and 25 of 1868, and 26 of July and August, 1870. The annual rate was 20 or under, during every week of October, and the last week of September.

The weekly total of the deaths registered, from all causes, in Newcastle, has fluctuated between 75 and 40, the former being the number for the first week of September, and the latter, that for the first week of October. In the corresponding period of 1869, the numbers varied between 80 and 54; and in 1868, between 73 and 49.

The total of the deaths registered, for all causes, in Newcastle, during the nine weeks, amounted to 490, against 554 in the corresponding period of 1869, and 564 of 1868.

Of the 490 individuals who died during the two months, 160

were under one year of age, and 75 were sixty years of age and upwards, leaving 255 for the years of age intermediate.

From general diseases, dependent upon a morbid condition of the blood, during the two months, 22 deaths occurred in the public practice of Newcastle, and 72 in the private; and 6 in the public practice of Gateshead. In the corresponding period of 1869, 26 deaths occurred in the public practice of Newcastle, from this class of diseases, and 13 in Gateshead; and in 1868, in Newcastle, 20, and in Gateshead, 5.

From diarrhœa, during the two months, 49 deaths occurred in Newcastle; 5 in the public practice, and 44 in the private; and 3 in the public practice of Gateshead.

From fever, during the two months, 23 deaths occurred in Newcastle, 10 in the public practice and 13 in the private; and 3 in the public practice of Gateshead.

From phthisis, during the nine weeks, 9 deaths took place in Newcastle, and 1 in Gateshead. In the corresponding period of 1869, the numbers were 11 and 2, and in 1868, 15 and 0.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table:—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
September 3	53·2°	57·7°	1·88
September 10	53·3°	57·0°	0·29
September 17	51·0°	54·0°	0·66
September 24	55·9°	54·5.	0·00
October 1	52·0°	55·7°	0·00
October 8	47·8°	54·1°	1·60
October 15	42·7°	47·1°	0·94
October 22	46·2°	49·7°	1·34
October 29	45·1°	48·2°	0·12

The temperature, in Newcastle, during September and October, gradually declined. The weekly mean of the second week of October was 42.7° , the lowest of the nine weeks, but 4.0° higher than the lowest of the corresponding period of 1869, and 2.9° higher than the lowest of 1868. The temperature, during the time under consideration, as compared with the corresponding period of the years 1869 and 1868, during seven weeks was lower than in 1869, and during two weeks higher, and during four weeks was lower than in 1868 and five weeks higher. The difference between the weekly means of the first week of September and the last week of October was 8.1° , whereas, the difference between the corresponding weeks of 1869, was 16.3° , and of 1868, 15.5° .

The total rain-fall, in Newcastle, in September amounted to 2.83 inches, and in October to 4.00 inches. The total of the two months being 6.83 inches, against 7.00 inches, the total for the corresponding period of 1869, and 5.79 inches of 1868; and 2.40 inches, the total for the months of July and August, 1870.

Hereto, the weekly tables of diseases and deaths are appended.

ERRATA.—THIRD REPORT FOR 1870.

Page 13, line 19.—For 50, read 7.

„ „ „ 22.—For 49, read 3.

Mr. HARDY stated in his district there had recently been a somewhat severe outbreak of scarlet fever, the rash was unusually well marked, and the throat symptoms were more than ordinarily severe, in a large number of cases anasarca had supervened, and in some this was rendered more grave by effusion into the pericardium. He had tried every remedy with which he was acquainted, carbolic acid, sulphurous acid, salmis, preparation of iron, &c., but in spite of every care a large proportion had died. He wished to ascertain the opinion of members present as to whether specific treatment existed for scarlatina.

Dr. GIBB suggested that if Mr. Hardy had been less experimental in his treatment, he would probably have been more successful.

Mr. DOUGLAS (Sunderland) stated that there had been but few cases in that town this year. Last year, they had a large number. He had treated those under his care with quinine and iron, anasarca had been a rare complication, and the mortality had been very trifling.

Mr. HAWTHORN said that there were different types of scarlatina, and whilst Mr. Hardy's were probably of a severe, Mr. Douglas's no doubt were of a mild type.

Dr. HUMBLE said it would be a happy thing indeed if a specific could be found for scarlatina or any other fever, as the treatment would thereby be much simplified. In the absence of such a specific, he did not think any particular treatment applicable to all cases. Some are severe, and require active treatment; some mild, and required but little medicine. All should be carefully watched, and treated according to their symptoms.

Mr. LEONARD ARMSTRONG agreed with what Dr. Humble had said. There was a marked difference in the severity of the disease at different times. Twenty-five years ago, he recollected a severe epidemic in which, at least, half of the patients attacked died; now, deaths are of unusual occurrence. At the present time, there was a mild epidemic in South Shields, which existed in peculiar combination with ordinary measles. Thus, a case of scarlatina occurred in one house, this got well, and in five weeks another occurred in the same house. This was followed by a case of ordinary measles; the rash, elevated and in patches, being well marked, together with the cough, and other symptoms; then came another case of scarlatina, and then another of measles. In one case, where a patient was convalescent of scarlet fever, suddenly, the rash of measles broke out. This was the first time Mr. Leonard Armstrong had met with this curious combination of the two exanthemata, and he was anxious to know whether any other member had had a similar experience. With regard to treatment, he had tried many things, but had no faith in any special plan, the symptoms must be treated as they arose. He knew of no class of cases more harassing and anxious for a medical man than cases of scarlet fever with their various complications.

Dr. DENHAM, in answer to some remarks from Mr. Hardy, said that he had sometimes been paid and sometimes not for making reports and giving certificates to the Guardians, concerning infected houses and districts. He thought it was labour saved in the end to give these certificates, whether they were paid for or not, as when proper measures were taken to avoid the spread of the epidemic, the poor-law officer was spared the trouble of attending many cases, that, otherwise, would undoubtedly have occurred. He had seen, though rarely, the combination of scarlatina and measles alluded to by Mr. Armstrong.

PATHOLOGICAL TRAY.

Dr. PAGE exhibited a polypus of the uterus, removed from a patient in the Infirmary.

Dr. PAGE also exhibited kidneys from a patient who died of pyelitis.

In the absence of Dr. Heath, Dr. PAGE introduced a patient who had recovered from a compound fracture of the femur arm and skull.

THE MICROSCOPE IN CANCER.

BY MR. C. S. JEAFFRESON.

MR. PRESIDENT AND GENTLEMEN,

IN the short paper I am going to read you this evening, I shall confine my remarks almost exclusively to the microscopic examination of cancerous growths. This subject opens up a vast field for patient labour and research ; yet, perhaps, in no other branch of pathological investigation has ignorance and want of proper study given rise to so much scepticism, for even at the present moment numbers are to be found who doubt the value of the microscope in the diagnosis of these affections. With many, I think, the feeling which prompts them to disparage the use of so valuable an instrument is part of the same which tends to decry all modern improvements and inventions ; with others the subject has probably been taken up without earnestness, a few hasty observations have been made without care or dexterity, the results being unsatisfactory, the operator has become disgusted, and finally, the instrument has been laid aside.

With others, again, a want of time and a feeling of self-sufficiency has enabled them, perhaps, with more satisfaction to themselves than justice to their patients, to decide upon growths, the true characteristics of which, the microscope can alone reveal : for undoubtedly, in many cases, the naked eye appearances of a tumour are not to be relied upon.

I think I may safely say, and there is not one living pathologist of any reputation who would venture to gainsay the statement, that the microscope, and the microscope alone, is the only *single* and definite guide to the formation of a correct opinion upon any morbid growths, so much do many resemble each other upon a superficial observation. Yet, I believe, if the opinion of the whole

mass of the profession were taken upon this point, the majority, through want of personal knowledge of the practical value of the instrument, would hold a contrary opinion—but in medicine, as in politics, intellect is not always with the majority.

The true difference between a cancerous and non-cancerous growth is the malignancy of the former; now this malignancy is inherent in and dependent upon the cells of which the growth is formed, and consequently, it is by their examination that we can most certainly come to a correct conclusion as to the nature of the growth.

I do not wish to carry my argument so far as to deny, that in very many cases, the use of the microscope (especially in those cases where the chief characteristics of malignancy have already exhibited themselves) is superfluous, for all will readily admit this. Its greatest services are rendered in the earlier stages of disease, where doubt reigns supreme; here it enables us with safety and certainty to decide whether our patient will be restored to health and strength, or whether, broken in body and spirit, after the lapse of a few years, he will be released from his sufferings by a premature and loathsome death. Indeed, I do not think the importance of this subject can be too deeply dwelt upon, and I am happy to find that its importance is being recognised more and more every day; in most large schools it forms now a special part of the educational course. This is the only way in which the necessary amount of knowledge is to be obtained, and by daily practice not only among pathological, but also among physiological specimens, for as reasonably might a student expect to become a good pathologist without having previously studied physiology, as might he expect to distinguish a cancer cell,—the eye not being accustomed to the physical characteristics of other cells.

There is one other point I would urge upon those who enter upon these investigations, and that is the importance of making camera lucida sketches of the specimens they examine. This habit is easily acquired, and a collection of drawings thus made becomes a subject of great interest, and enables to compare accurately, at a subsequent period, cells and structures which, at the time of drawing, may have made but slight impression on the memory.

Having made these few premonitory observations, I will proceed to describe the chief characteristics by which cancerous growths may be recognised under the microscope. Libert says, in his excellent work upon pathological anatomy, "The cancer cell presents striking features which distinguish it from all other morbid products. We must not forget that there are general types of cells and nuclei which are met with in many different products; but still in all different pathological structures built up of elementary cells, those of each morbid substance have special characteristics, and can

be distinguished from each other by an eye already but slightly trained to this kind of research."

Beyond this, I think we have a right to affirm that cancer cells may be numbered amongst those which present the most striking differences from any other form of cells. There are, indeed, many variations from the original type, but I hope that by pointing these out with care, and explaining at the same time the sources of error and the difficult diagnostic points, I shall be able to bring more prominently forward their general characteristics.

The morphological elements of cancer are found best marked in the encephaloid variety; and, indeed, it may be looked upon as the prototype of all these morbid affections. They consist of cells and nuclei; the latter, owing to the rapidity with which these growths increase, being most numerous. These nuclei are constant in size, generally spirical, or slightly ovoid, and measure from $\cdot 0125$ of a millimetre to $\cdot 015$ in diameter. They not unfrequently contain a nucleolus. The cell walls are much less constant in shape and size than are the nuclei; as a rule, they may be said to assume a shape closely approaching the circular, but not unfrequently they are oblong, fusiform, and occasionally even present a branched and elongated appearance. Their average diameter varies from $\cdot 02$ to $4\cdot 03$ of a millimetre. The cell wall is delicate and thin, and in some cases difficult of detection. Not so with the nuclei whose borders are finely shaded, and present a well-defined outline not nearly so readily affected by reagents.

There is one difficulty which not unfrequently presents itself in the examination of encephaloid growth, and that is the existence of a large quantity of fat. This may occur to such an extent as to mask and obscure the cells so that with difficulty can they be recognised. A case of this kind came under my observation not long since. I had no doubt that the nature of the tumour was malignant, but to such an extent were the structures infiltrated with fat, that I could not hazard a definite and positive opinion at the time of the operation. Subsequently, however, the glands became affected, and no doubt remained as to the nature of the case. These tumours are generally less rapid in their growth than ordinary encephaloid tumours; at least they have been so in the few cases I have myself observed.

I will now pass to the chief features of the schirrus variety of cancer; and here we shall find that the chief difference which it presents, when contrasted with the encephaloid variety, is only one of the degree in which the fibrous predominates over the cellular element. True it is that in it the cells are smaller, the cell wall more defined, and the nuclei smaller and less often nucleolated, but these differences can only be looked upon as evidences of less rapid growth, and, indeed, we may find cells in all their different inter-

mediate stages of development. Here again we shall find the nuclei are far less frequently found free than in the encephaloid variety of cancer.

Do not always expect to find cells of a perfect type, for in cancer, as in all other growths, each cell has a period of infancy, of perfection, and degeneration, and in proportion to the rapidity of evolution of the tumours, so will these different periods of development be most manifest in the cells. Like other structures, too, these cells are liable, and, indeed, not unfrequently undergo a process of fatty degeneration, and in some cases, which I admit must be extremely rare, a kind of cheesy metamorphosis analagous to that of tubercle.

The two forms of cancer which remain to be examined are those which are ordinarily distinguished by the names of colloid and epithelial. Of the former, specimens are by no means common, they most frequently occur in some portion of the alimentary canal or connected with some of the abdominal viscera, microscopically they are of little interest, not unfrequently the colloid or gelatinous portion is surrounded by a layer of encephaloid matter presenting its usual characteristics; in other cases the jelly-like substance is contained in a fine meshwork of cellular tissue, and contains no traces of cells, but presents a homogeneous transparent appearance, interspersed with a quantity of fine granular matter and an occasional pale-looking granular cell.

Thus, then, we see that in all the forms of cancer, as just mentioned, the cell presents but slight variation in character and appearance, although in their external, superficial, and naked eye appearances there may be a marked difference principally depending upon the amount of fibrous element existing in the stroma in which these cells are embedded. In the encephalous variety it is almost absent, in schirrus it is plentiful and condensed, in the colloid variety it is combined with much gelatinous matter. Of all varieties of cancer, epithelioma is certainly the one which approaches most nearly in structure a correct physiological type, these growths, as you are all aware, occur most commonly upon the skin and mucous membrane, a favourite locality being at a spot where the structures gradually pass into each other, and thus it happens that papillary structures become so incorporated and mixed up with them as to form one of the most prominent features under the microscope, although by no means a specially characteristic one, as will presently be shown. The growths with which this form of cancer is most likely to be confounded are simple epidermal tumours, and although in the present paper I profess only to deal with microscopic features, I hope I may be pardoned if I make a short digression to describe the outward appearances of these tumours, more especially as it will help us in their more minute micrological investigation.

The simple epidermal tumour begins usually by a small hardened projection, somewhat resembling a wart. This becomes fissured or ulceratis, the ulcer subsequently becoming covered with a crust which, when peeled off, displays beneath a number of little projections, which are simply enlarged papillæ. The surrounding structures are but slightly thickened, and the lymphatics, if enlarged, are but slightly so, and do not present that hard mutual condition which we find in epithelioma. The glandular elements of the skin are also increased and hypertrophied, and pressure upon the base of the tumour causes a juice to exude which might at first sight be mistaken for cancerous. True epithelioma commences by several hardened points in the substance of the lip itself. These usually enlarge and coalesce, and thus a mass is formed which ultimately inflames and ulcerates, the ulcer having overlid edges and a thickened base. This ulcer is far less frequently covered by a hardened crust than is the other forms of growth, but discharges a thin sanious fluid. By many pathologists cancer of the lip is believed to be a far less common form of disease than is usually supposed, and to this circumstance is attributed the more than usual measure of success which attends the removal of these growths.

To return, however, to our subject. What does the microscope reveal in these cases? If a section is made in the case of the epidermal tumour, securing any, if any juice is found to exude, and if care has been taken to avoid scraping the more superficial parts, scarcely a trace of cellular structure can be found in it. A thin section viewed by transmitted light exhibits a thickening of the natural epidermis, with great hypertrophy of the papillary structure. With the true epithelioma there is a considerable amount of juice, containing a large number of well-marked cancerous cells. Instead of the epidermis being increased in thickness, it is usually somewhat diminished. The papillæ, though enlarged, are not so to the same extent as in the previously described forms of growth; and besides this, their bases and interior are choked with the characteristic cancer cells which are here formed large and well-defined, with perfectly developed nuclei and nucleoli, and bearing a striking resemblance to epithelial cells.

I had almost overlooked a form of disease which goes by the name of melanoid cancer, which, excepting in certain localities is an exceeding rare form of disease. It is in point of fact nothing but the ordinary encephaloid cancer, in which a variable proportion of pigment has become intermingled, and what was said with regard to encephaloid may be repeated in connection with this form of disease. It most frequently makes its appearance in connection with some membrane in which pigment is naturally deposited, hence the choroid coat of the eye is one of its most frequent seats; here it is liable to be confounded with melanoid sarcoma, a disease

which, when examined microscopically, exhibits no traces of malignant structure. Rarely, this pigmentary infiltration is found in connection with epithelial growths, but whether in connection with this form of cancer or the encephaloid, the pigment is almost entirely free, but very small quantities being contained in the interior of the cells themselves.

Although cancerous structures present characteristics which distinguish them from other tissues, it must not be imagined that each individual cell has any special feature which stamps it as cancerous; the theory of absolute specificity of the cancer cell is one which, though having still powerful advocates, is not generally upheld by pathologists. From the tubercular, glandular, and all other forms of cells but one there is little difficulty in differentiating it, but when compared with certain forms of epithelial cells found in connection with some of the mucous membranes, the resemblance becomes so great that it is impossible to distinguish between them. I think this circumstance in no way invalidates the diagnostic value of the microscope, for practically we have to deal not with individual cells, but with a tissue composed of a fibrous stromæ and cells ever varying in shape and size, which, when viewed in numbers, are readily distinguished from those of a physiological type most nearly approaching them; it is this constant tendency of the malignant cell to assume a protean variety of shapes which enables us to distinguish it when combined as a tissue from structures which might otherwise resemble it closely, and stamps the structure as a whole with a specific character which does not apply to the cells themselves when taken individually.

Thus we must understand there are no separate elements in a cancerous growth for which an analogue cannot be found, but that as tissue the cancerous has no corresponding physiological type. Some of the hepatic cells bear a striking resemblance to cancer cells, and cannot readily be distinguished from them in a separate form, yet no microscopist would mistake a section of hepatic tissue for a section of malignant growth.

I would now say a few words concerning a certain class of tumours which most nearly approach the cancerous in point of malignancy, and which seem to have been designed by nature as a kind of stepping-stone between these and the more benign forms of growths. I allude to what pathologists call the current fibroid or fibro-plastic tumour. They are by no means constant in their external appearances, but frequently vary in density and succulence, sometimes, to a superficial examination, very closely approaching encephaloid. The microscope has always, however, revealed a very decided and unmistakable difference in their intimate structure. During the last few years they have, however, become a subject of great interest to the pathologist, and belief is gaining ground that

they do, under some circumstances, pass into genuine cancerous growths. Personal observation has convinced me of the possibility of this circumstance. A patient, who was the subject of a large recurrent fibroid of the arm, had it removed on several occasions; finally, the arm was removed at the shoulder joint, and death ensued. In this case I traced the gradual transition of the tumour, and what commenced as a case of recurrent fibroid terminated as a genuine case of cancer with metastatic deposits. I much regret the drawings I took in this case have been lost, but the steps in the process of metamorphosis were watched carefully. The nuclei increased in size, and the tumour became more succulent on each removal prior to the removal of the arm. Cells were visible in the growth. After death, well-marked cancerous deposits were found in the lungs. Cancer doubtless sometimes becomes developed as an accidental circumstance in the midst of any tumour, this cannot however have been the case in the history above related. This question is one which, if proved, beyond a doubt would be of great importance in a pathological point of view. Theoretically, it does not seem difficult to believe that under the frequent stimulus of removal the more lowly organised fibro-plastic nuclei may become transformed into the more highly organised cancer cells. The question seems merely one of degree of development, for already the recurrent tumours have many of the characteristics of malignancy.

Practically, then, the difficulty of distinguishing malignant from other growths is greatest in the examination of structures which contain cells which most nearly resemble their own—as the skin, mucous membranes, and certain other localities. Here we must not allow ourselves to form a definite opinion by the examination of solid cells as viewed in the juice of the tumour, but pieces of the tissue and carefully prepared sections must be examined, and the relation of the cells to the circumscribing stroma carefully studied. In this manner, too, we shall be able to decide how the growth spreads to the neighbouring tissues. Whether it is encapsuled and pushes them before it, or whether it permeates them by a process of infiltration; for it must ever be borne in mind that it is not by the individual elements the cancerous tissue is recognized, but the manner in which these elements are combined.

Rapid and great though the strides have been which the microscope has enabled us to make in pathological anatomy, much remains to be elucidated. Perhaps one of the most interesting questions is the primary evolution of cancerous and other tumours. Most microscopists hold to the specific character of the cellular elements of each kind of tumour, and reject the doctrine which assigns the birth of these elements to the proliferation of the normal cells. They believe that the origin of all tumours begins in the exudation from the capillaries of an amorphous blastema, which

becoming granular, ultimately develops cells which stamp their characteristic upon the future growth.

Virchow denies this exudation theory, and explains the formation of tumours by the continuous but excessive growth of pre-existing normal cells of the part in which the tumour develops itself, these cells undergoing gradually a process of metamorphosis till they gradually assume the specific character they are to bear after.

This theory, seductive by its simplicity, has won many adherents; but practically, it is not easily confirmed by observation. It is not easy to seize upon the exact moment during which, for instance, the corpuscular elements of cellular tissue are becoming transformed into cancerous elements; and everyday experience teaches us that at any period, however early, we may examine a tumour, we always find whether it be an enchondroma, a fibro-plastic tumour, or a cancer, its characteristic elements are already well developed.

If, however, Virchow's theory be tenable that the normal cells are capable of undergoing a process of metamorphosis which gradually brings them into the forms found in various kinds of tumours, how much more readily can we understand the cells of the more lowly developed forms of tumours passing into the more highly developed cancerous elements.

The development and growth of a tumour must be looked upon as the birth of a new organ, for though apparently purposeless and playing no part in the economy, it must in virtue of the physiological law which causes all structures to stand in relation to each other as an excreted substance, have some effect upon the functions of the body. We should naturally then expect that in consonance with the ordinary laws of growth and development of tissues and organs, that when we cannot distinctly trace it as an outgrowth from pre-existing similar structures, it should commence its existence by the deposition in the tissues of some protoplasmic amorphous material. What regulates the condition this is subsequently to assume, whether fibrous, cartilaginous, osseous, or cancerous, we know not any more than we know the laws and conditions which determine the formation of these tissues from the germinal cells of the ovum.

There seems to me no necessity to imagine, because the cancerous tissue has in its developed condition a form which differentiates from the normal structures, that it must have some peculiarity in its origin. The germinal basis of all cells is probably identical, their chief differences are exhibited in their subsequent development. In cancer there seems to be an increase of inherent vitality, and an emancipation from the control which in other tissues leads the cells to some definite structural arrangement; the germinal power is increased, the formative power is in abeyance, thus a large number of quickly increasing cells are developed, which live a rapid life, and soon become degenerated and disintegrated: while we still

remain in ignorance of the forces which regulate the processes of nutrition and development, so long shall we remain ignorant of the primary causes of cancer.

It is already much to have done, to have traced the history and marked the progress of these growths when once fully developed, to have separated the malignant from the benign, to have pointed out where we may look for hope and life, and where we must prepare for an almost inevitable death—and this triumph I claim for the microscope.

Dr. GIBB, said that some years ago, when he was resident in the Infirmary, he had taken a great interest in the question raised in Mr. Jeaffreson's paper, he had collected and examined many growths, and had come to the conclusion that there was no specific cancer cell. Some growths which had been pronounced as having had recurred, and some which had been set down as cancers had not re-appeared.

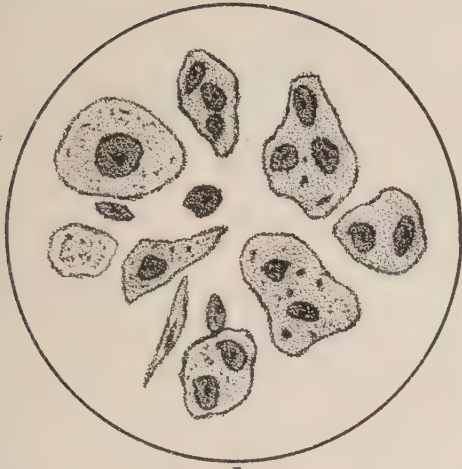
Dr. GIBSON thought that one of the difficulties in the investigation of cancer arose from the fact that no proper definition could be given of it. He thought that all disease that invaded and destroyed tissue, might be considered as cancerous, and that a growth, which might to all appearances, be beginning from changes in the health of the patient, might become converted into a malignant growth. He disagreed with Mr. Jeaffreson as to there being any specific cancer tissue.

Dr. PHILIPSON perfectly agreed with everything that Mr. Jeaffreson had said, concerning the existence of a cancerous tissue development and occasional transformation. He said that the discovery of the characteristic cells in the sputa and other discharges helped in the elucidation of difficult diagnosis.

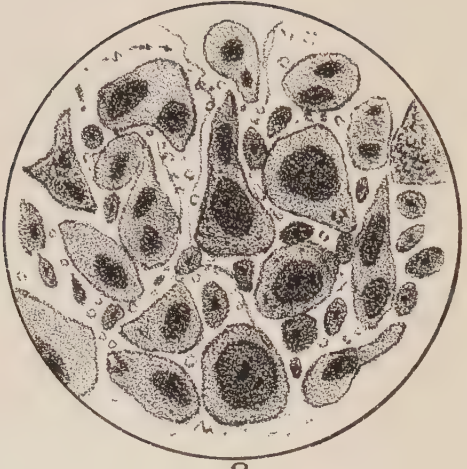
Mr. JEAFFRESON was surprised at Dr. Gibson applying the name of cancerous to all diseases that "invaded and destroyed tissue." A classification upon this basis must evidently be erroneous, as it would include sloughing phagedæna, and various tubercular and syphilitic forms of ulceration which were evidently not allied to cancer. A part affected with cancer becomes the subject of, so to speak, a parasitic growth, which substituted its own rapidly growing and degenerating cells in the shape of the cancerous tissue, for the more stable and orderly developed cells of the pre-existing structure. This cancerous tissue had well-marked characteristics which prevented its being confounded with other growths.

No.

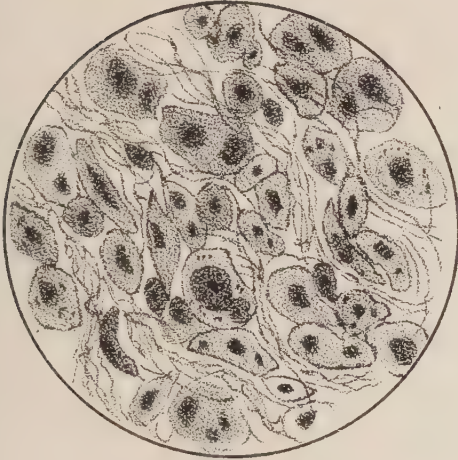
1. Cells from epithelial cancer of penis.
2. Cells from rapidly-growing encephaloid cancer.
3. Section from schirrus mama, showing considerable amount of fibrous stroma.
4. Cells from encephaloid cancer, stained with carmine according to Dr. Beale's process, and showing the large quantity of germinal matter they contain.
5. Cancer cells masked by fat.
6. Cells of hepatic tissue, showing the regular arrangement cells assume in a normal structure.
7. Exhibits the different stages of transformation from recurrent fibroid into cancer, alluded to in the context. *A* the first stage, taken from the original tumour ; *B* the second stage, after two removals of the tumour.
8. Cells from the deposit subsequently found in the lungs.



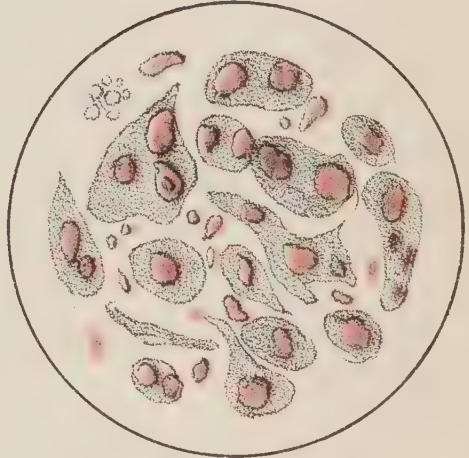
1



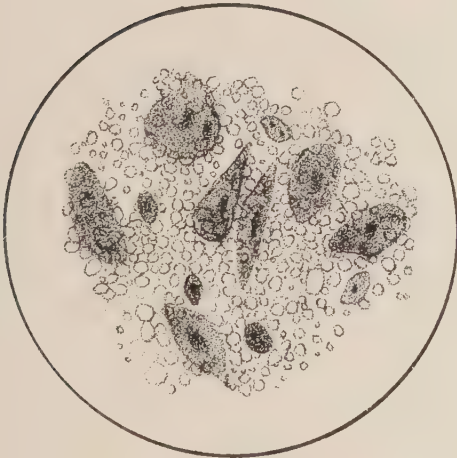
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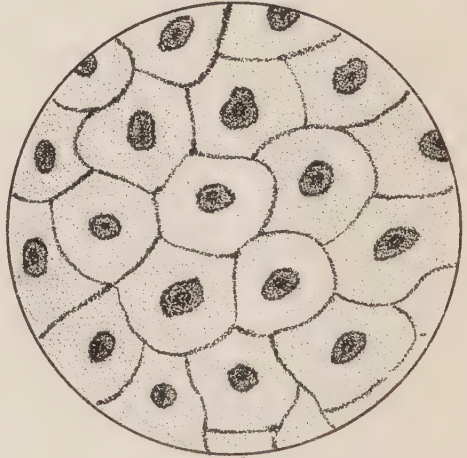
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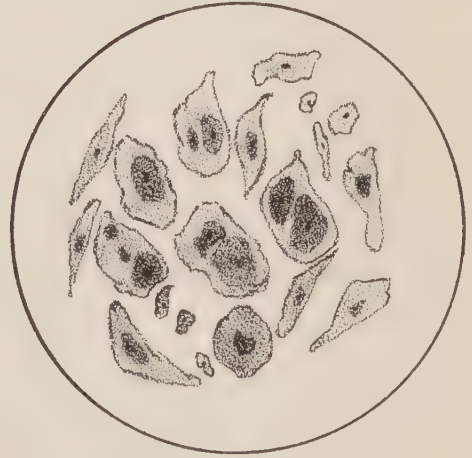
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6



7



8

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead. [No. 35]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 3rd DAY OF SEPTEMBER, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Measles.....	1	...	
Scarlet Fever.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	2	6	...	...	...	...	...	...	2	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Whooping Cough.....	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	3	10	...	...	...	...	...	...	6	Whooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	2	1	1	2	1	1	1	1	2	...	15	3	1	1	32	43	2	...	6	...	2	10	19	Diarrhoea.....	2	1
Dysentery.....	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	3	2	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	2	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	5	Erysipelas.....	...	...
Continued Fever.....	2	...	...	...	...	2	3	...	...	...	...	...	...	4	Continued Fever.....	...	...
Typhus.....	1a	...	...	...	...	1	...	...	7	...	...	...	...	9	6	...	...	...	1	...	1	...	Typhus.....	2	...	
Enteric or Typhoid...	3	...	1	2	5	...	8	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	1	...	5	8	...	1	1	...	...	2	6	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	2	...	...	...	...	...	...	2	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	2	...	1	...	...	2	...	...	4	1	1	...	10	...	...	3	2	2	28	23	...	2	2	...	4	4	Bronchitis and Catarrh..	1	...
Influenza.....	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	3	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	Pleurisy and Pneumonia	...	...
Phthisis.....	...	2	...	...	1	...	...	3	...	...	1	...	...	6	...	...	1	...	14	14	1	1	3	...	...	5	3	Phthisis.....	...	...
Constitutional Syphilis.	3	...	...	...	...	2	...	...	2	1	...	8	13	...	...	1	...	...	1	...	Constitutional Syphilis..	...	...
All other Diseases.....	1	3	3	5	1	2	...	17	5	2	6	2	1	20	...	41b	25	8	9	151	143	10	8	28	...	10	56	63	All other Diseases.....	8	4
Accidents.....	1	...	2	33	...	...	...	2	...	...	...	1	...	39	74	...	...	14	...	...	14	13	Accidents.....	1	...	
TOTAL.....	2	9	5	8	4	6	9	25	38	8	10	6	2	42	9	57	36	14	12	302	352	13	14	57	6	12	102	130	TOTAL.....	15	5

a, Removed to Newcastle Fever Hospital; b, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. G. SMITH.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 3 6]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 10th DAY OF SEPTEMBER, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14															Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	1	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	4	3	...	...	...	...	...	...	3	Scarlet Fever....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	4	...	...	...	4	9	...	...	...	...	...	...	8	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	1	1	...	...	2	...	...	...	...	1	...	2	...	20	6	1	2	36	29	3	1	3	...	4	11	13	Diarrhoea.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	1	...	...	2	3	...	...	1	...	1	..	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	5	...	...	...	...	5	1	...	...	...	1	...	1	...	Continued Fever.....	...	...
Typhus.....	1	1	...	...	...	5a	...	...	...	...	1	...	1	...	4	...	3	...	16	5	...	...	...	1	...	1	1	Typhus.....	1	...	
Enteric or Typhoid...	1	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	2	2	...	4	...	Enteric or Typhoid....	...	1	
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	...	...	...	...	...	...	...	...	...	1	2	5	...	...	3	2	...	5	2	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	1	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	1	1	2	1	1	2	...	1	1	...	1	1	2	...	1	1	...	17	21	...	...	1	...	5	6	9	Bronchitis and Catarrh..	...	...
Influenza.....	1	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	2	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	..	Pleurisy aud Pneumonia	...	...
Phthisis.....	...	1	...	...	...	2	...	...	1	1	...	...	...	6	...	...	1	...	1	13	8	...	...	1	...	1	2	6	Phthisis.....	...	...
Constitutional Syphilis.	2	2	1	...	...	...	3	...	1	2	1	1	13	12	...	...	1	...	...	1	1	Constitutional Syphilis..	1	...
All other Diseases.....	1	5	4	6	4	2	...	12	12	7	2	2	...	25	...	39b	19	6	12	158	158	12	4	17	...	14	47	66	All other Diseases.....	10	2
Accidents.....	4	43	1	...	...	...	3	...	...	...	...	51	53	..	...	18	...	...	18	19	Accidents.....	...	...
TOTAL.....	4	8	6	9	5	11	9	18	59	11	3	6	2	41	10	65	33	8	17	325	313	15	5	47	6	24	97	129	TOTAL.....	12	3

a, Removed to Newcastle Fever Hospital; b, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
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19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 37.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 17th DAY OF SEPTEMBER, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.							DEATHS.			
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.	
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.			Corresponding Week last Year.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	..	..
Measles.....	1	..	..	..	..	..	..	3	Measles.....	..	..
Scarlet Fever.....	..	1	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..	4	6	..	..	..	..	..	..	..	Scarlet Fever....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	1	..	..	..	1	..	2	..	..	..	4	9	..	..	..	..	..	..	9	Hooping Cough.....	..	..
Croup.....	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	Croup.....	1	..
Diarrhoea.....	1	..	..	..	2	2	2	..	..	1	..	..	2	..	11	4	..	3	28	31	4	..	..	..	1	5	15	Diarrhoea.....	1	2
Dysentery.....	1	..	..	..	..	1	..	..	1	..	1	4	2	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	1	..	..	..	..	1	..	..	1	..	..	4	..	..	..	..	..	..	1	..	Erysipelas.....	..	..
Continued Fever.....	1	..	..	..	..	1	1	1	..	..	..	1	..	..	Continued Fever.....	..	..
Typhus.....	2	..	..	..	..	..	..	..	5	..	..	..	..	7	3	..	..	..	..	..	2	..	Typhus.....	..	..
Enteric or Typhoid...	1	..	..	..	..	..	..	..	..	..	..	..	1	5	..	2	..	3	..	5	..	Enteric or Typhoid....	..	1	
Relapsing.....	Relapsing.....	..	..
Febricula.....	1	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	5	8	..	..	3	..	..	3	2	Febricula..	..	..
Ague.....	1	..	..	..	..	..	..	..	Ague.....	..	..
Rheumatic Fever.....	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	1	1	3	1	..	2	2	..	..	3	1	..	1	5	..	..	1	..	3	24	23	2	2	..	..	4	11	Bronchitis and Catarrh..	..	..
Influenza	2	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	7	..	..	..	..	..	2	..	Pleurisy and Pneumonia	..	..
Phthisis.....	3	1	..	..	..	..	..	..	..	1	2	..	..	..	..	..	7	14	..	..	2	..	..	2	4	Phthisis.....	1	..	
Constitutional Syphilis.	3	3	..	..	..	4	..	1	6	..	2	19	8	..	..	4	..	..	4	..	Constitutional Syphilis..	..	..
All other Diseases.....	..	4	5	3	4	3	..	17	5	4	5	3	1	20	..	40a	10	5	7	136	158	9	7	24	..	16	66	All other Diseases.....	2	2	
Accidents.....	1	..	..	10	37	..	..	..	..	..	..	..	2	..	50	56	..	..	16	..	..	16	15	Accidents.....	..	..
TOTAL.....	3	10	11	6	7	9	7	31	46	10	7	3	4	37	6	55	23	8	16	299	337	16	11	49	3	17	96	130	TOTAL.....	5	5

a, 6 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
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21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 38.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 24th DAY OF SEPTEMBER, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.										
																													In-Patients.	Out-Patients.	Central.
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.				
Small-Pox.....	1	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	2	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	3	Measles.....	...	...
Scarlet Fever.....	1	...	...	...	...	...	...	...	1	...	...	...	2	8	...	...	...	...	...	...	3	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	...	...	...	...	3	...	...	...	4	9	...	...	...	...	...	...	8	Hooping Cough.....	...	...
Croup.....	1	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	1	1	2	2	1	...	2	...	...	1	1	...	1	...	16	1	...	1	30	30	...	...	2	...	3	5	15	Diarrhoea.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	1	...	...	...	...	...	...	1	3	2	...	...	...	...	...	...	1	Erysipelas.....	...	...
Continued Fever.....	2	...	...	...	...	2	3	...	...	...	1	...	1	1	Continued Fever.....	...	...
Typhus.....	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	3	11	...	...	...	...	...	...	6	Typhus.....	1	...
Enteric or Typhoid...	1	...	...	...	...	...	...	1	...	...	...	...	2	4	...	3	...	5	...	8	3	Enteric or Typhoid...	...	...
Relapsing.....	1a	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	7	...	...	3	...	...	3	3	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	1	...	1	3	2	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	3	1	...	...	2	...	...	2	...	2	1	...	1	1	...	1	14	25	4	1	1	...	2	8	15	Bronchitis and Catarrh.	...	1	
Influenza	2	...	...	...	...	...	...	...	Influenza ..	...	...
Pleurisy and Pneumonia	1	...	...	...	...	1	2	3	...	...	...	...	...	...	4	Pleurisy and Pneumonia	...	...
Phthisis.....	...	1	1	...	...	...	...	1	...	1	...	...	2	...	2	...	...	1	9	11	...	...	...	...	...	...	5	Phthisis.....	...	...
Constitutional Syphilis.	1	...	...	...	...	...	2	6	1	...	10	9	...	...	1	...	...	1	1	Constitutional Syphilis.	...	...
All other Diseases.....	...	3	...	5	2	7	...	13	6	4	3	3	1	28	...	23	20	6	14	138	141	10	12	20	...	18	60	69	All other Diseases.....	2	2
Accidents.....	1	...	...	...	1	5	36	...	...	1	...	1	...	...	1	1	47	53	...	...	12	...	...	12	12	Accidents.....	...	...
TOTAL.....	2	6	7	8	3	8	9	20	42	7	8	6	3	34	5	49	29	8	21	275	323	14	16	39	6	23	98	149	TOTAL.....	3	3

a, Removed to Newcastle Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
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8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
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18 Mr. N. HARDCASTLE.
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21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 39.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 1st DAY OF OCTOBER, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	2	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	1	9	1	...	...	...	1	1	Scarlet Fever....	...	...
Diphtheria.....	Diphtheria.....	...	...
Whooping Cough.....	1	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	4	14	1	...	...	...	1	6	Whooping Cough.....	...	...
Croup.....	1	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	...	1	...	...	1	2	1	...	...	...	...	...	...	...	11	3	2	...	21	15	...	...	2	...	2	14	Diarrhoea.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	1	...	...	2	1	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	Erysipelas.....	1	...		
Continued Fever.....	4	...	1	2	...	...	1	...	...	...	5	...	...	...	...	13	...	...	...	...	...	...	1	Continued Fever.....	...	...
Typhus.....	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	5	8	...	...	2	...	2	4	Typhus.....	...	...
Enteric or Typhoid...	5	...	...	...	...	5	6	...	2b	2	...	4	3	Enteric or Typhoid....	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	3	...	2	...	...	...	...	...	...	...	...	...	...	...	1	6	6	...	...	1	...	1	7	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	...	1	...	...	...	...	1	3	1	1	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	1	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	...	3	2	2	7	1	3	4	1	...	24	18	1	...	2	3	17	Bronchitis and Catarrh..
Influenza	Influenza ..	...	...
Pleurisy and Pneumonia	1	...	...	1	2	...	...	...	...	...	2	Pleurisy and Pneumonia	...	...
Phthisis.....	...	1	1	1	1	4	1	1	10	14	...	1	3	...	1	5	3	Phthisis.....	2	...	
Constitutional Syphilis.	3	...	1	2	1	2	9	10	...	...	2	...	2	...	Constitutional Syphilis..	...	...
All other Diseases.....	1	3	15	6	3	1	...	10	5	8	2	5	1	17	...	36a	12	7	11	143	149	17	11	26	...	12	66	46	All other Diseases.....	3	2
Accidents.....	5	43	1	...	1	1	...	51	44	11	11	12	Accidents.....	
TOTAL.....	4	6	22	14	4	8	10	20	49	17	4	6	1	28	10	49	24	13	15	314	302	19	14	48	2	15	98	117	TOTAL.....	6	2

a, 1 An in-patient; b, 1 Removed to Gateshead Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- r. T. C. NESHAM
r. H. W. NEWTON.
r. G. C. GILCHRIST.
r. JOHN HAWTHORN
r. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. G. SMITH.
14 Mr. H. E. ARMSTRONG.
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16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 40.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 8th DAY OF OCTOBER, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.			Workhouse.	TOTAL.		
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.					For the Week.	Corresponding Week last Year.				
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle	Gateshead.
Small-Pox.....	Small-Pox.....	..	..
Measles.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	Measles.....	..	..
Scarlet Fever	2	..	..	..	..	..	..	..	2	9	..	..	..	..	..	1	Scarlet Fever....	..	..
Diphtheria	Diphtheria .....	..	..
Hooping Cough	1	..	..	..	..	..	1	10	..	..	..	..	..	3	Hooping Cough.....	..	..
Croup	Croup .....	..	..
Diarrhœa	4	3	2	1	10	12	..	..	..	..	..	4	Diarrhœa.....	1	..	
Dysentery.....	1	..	..	1	..	Dysentery .....	..	..
Asiatic Cholera	Asiatic Cholera.....	..	..
Erysipelas.....	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	Erysipelas .....	..	..
Continued Fever.....	5	..	..	1	..	..	..	..	..	..	..	4	..	..	..	..	10	2	..	..	..	..	..	2	Continued Fever .....	..	..
Typhus.....	..	2	1	..	..	..	..	..	..	..	2	..	..	..	7	..	1	..	..	13	5	3	..	5	..	8	3	Typhus	1	..
Enteric or Typhoid...	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	2b	..	..	2	1	Enteric or Typhoid....	..	..
Relapsing	Relapsing .....	..	..
Febricula	2	..	..	..	2	11	..	1	2	..	3	5	Febricula..	..	..
Ague.....	1	..	..	..	..	..	..	..	Ague.....	..	..
Rheumatic Fever.....	1	1	..	..	..	1	..	..	..	..	..	..	..	3	4	..	..	3	..	3	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	2	1	5	1	2	2	..	2	..	4	1	2	4	26	20	2	..	1	..	4	7	18	Bronchitis and Catarrh..
Influenza	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	1	..	..	..	..	..	..	Influenza .....	..	..
Pleurisy and Pneumonia	2	..	..	..	..	..	1	..	..	..	..	..	..	..	3	9	..	..	..	..	..	..	Pleurisy aud Pneumonia	..	..
Phthisis	2	..	..	1	..	1	2	1	..	..	..	3	..	..	..	1	..	11	14	..	1	2	..	3	3	Phthisis.....	1	1	
Constitutional Syphilis.	3	2	1	1	7	8	1	..	1	..	1	3	..	Constitutional Syphilis..
All other Diseases	1	5	18	10	7	3	..	12	3	1	..	4	1	32	..	22a	13	9	8	149	154	12	9	32	..	13	66	66	All other Diseases.....	8	1
Accidents	1	..	i	7	23	32	48	..	1	12	..	13	12	..	Accidents
TOTAL.....	3	9	28	16	8	9	4	24	30	4	2	11	1	40	11	29	19	14	14	276	310	18	14	54	5	18	109	118	TOTAL.....	11	2

a, 2 in-patients; b, 1 Removed to Gateshead Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM,
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. F'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. G. SMITH.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 15th DAY OF OCTOBER, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	St. Andrew's.	Jesmond, Heaton and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.						Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.			Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	1	Measles.....	...	...
Scarlet Fever.....	1	...	...	...	2	...	...	...	...	...	...	...	3	11	...	...	...	...	...	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	12	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	1	...	1	...	1	...	...	...	...	...	...	...	9	...	...	2	14	21	1	...	...	...	1	2	4	Diarrhoea.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	4	...	...	1	...	...	...	...	...	...	1	...	...	...	...	6	5	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	6	...	1	...	...	7	4	...	...	...	6	...	6	i	Typhus.....	1	...	
Enteric or Typhoid...	1	...	...	...	...	...	...	1	...	...	5b	1	...	...	6	1	Enteric or Typhoid....	1	...	
Relapsing.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	2	...	...	2	...	3	...	...	...	...	...	...	...	...	...	...	1	...	8	8	...	...	1	...	...	1	5	Febricula..	...	...
Ague.....	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	1	3	2	...	...	...	...	...	...	...	...	...	6	5	...	...	1	...	...	1	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	4	2	...	2	2	1	...	3	...	1	...	1	...	4	2	22	37	...	1	4	...	1	6	19	Bronchitis and Catarrh..	1	...
Influenza.....	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	1	...	2	7	...	...	...	...	...	...	1	Pleurisy aud Pneumonia	...	...
Phthisis.....	1	1	...	3	...	1	1	...	1	2	...	1	1	...	12	14	1	...	2	...	...	3	5	Phthisis.....	1	...	
Constitutional Syphilis..	3	...	...	...	...	2	...	...	3	1	...	9	8	...	...	3	...	...	3	...	Constitutional Syphilis..	...	...
All other Diseases.....	3	4	5	11	i	24	11	4	3	2	1	16	...	13a	13	9	9	129	167	14	9	26	...	12	61	64	All other Diseases.....	6c	5
Accidents.....	1	...	...	...	...	6	21	1	...	...	...	...	...	...	...	...	29	53	..	...	15	...	...	15	7	Accidents.....	...	...
TOTAL.....	5	7	12	20	4	6	7	42	34	9	5	6	3	21	7	27	18	12	13	258	357	16	15	53	6	14	104	108	TOTAL.....	10	5

a, 3 in-patients; b, Removed to Gateshead Fever Hospital; c, 1 from Heart disease.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. G. SMITH.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead. [No. 42.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 22nd DAY OF OCTOBER, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.								DEATHS.			
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		DISEASES	Newcastle.	Gateshead.							
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						15	16	17	18	19	TOTAL.					POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.	
								8	9	10	11	12	13	14	In-Patients.						Out-Patients.	Fever Hospital.				Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
Small-Pox.....	Small-Pox.....	
Measles.....	2	...	...	...	...	...	1	Measles.....	...	...
Scarlet Fever.....	4	...	...	...	1	1	...	...	...	...	...	...	6	11	...	...	...	...	...	2	Scarlet Fever.....	1	...			
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	...	...	...	...	...	...	1	10	...	...	...	...	...	4	Hooping Cough.....	...	...	
Croup.....	Croup.....	2	...		
Diarrhœa.....	1	...	...	...	...	...	1	...	2	3	1	4	12	15	...	...	1	...	...	1	3	Diarrhœa.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	1	...	...	...	...	...	2	1	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1	...	...	4	...	3	2	...	...	...	...	...	...	3	...	...	...	...	13	4	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	...	3	8	...	...	...	...	...	...	...	...	...	...	14	...	...	1	...	26	1	...	...	...	1	...	1	3	Typhus.....	2	1
Enteric or Typhoid...	i	...	...	...	...	...	...	...	1	2	...	3	...	...	...	3	...	Enteric or Typhoid...	1	...		
Relapsing.....	Relapsing.....	...	...
Febricula.....	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	3	...	...	1	...	1	2	8	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	2	4	...	...	1	...	...	...	...	...	...	...	7	2	...	1	...	...	...	1	1	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	2	5	1	1	1	2	1	1	4	...	3	3	1	2	27	33	2	3	3	8	42	Bronchitis and Catarrh..	
Influenza	1	...	...	...	...	...	...	...	Influenza ..	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	...	1	...	2	3	...	...	...	...	...	3	Pleurisy and Pneumonia	...	...
Phthisis	1	1	2	...	8	1	13	8	1	2	2	5	7	Phthisis.....	2	...	
Constitutional Syphilis..	1	2	1	2	...	1	7	5	1	1	2	Constitutional Syphilis..	
All other Diseases.....	4	5	3	7	3	4	...	14	6	2	1	4	...	18	...	22a	14	7	12	126	149	18	5	30	...	14	67	42	All other Diseases.....	8	2	
Accidents	6	22	1	...	1	...	...	...	...	...	...	30	42	..	2	18	...	...	20	6	Accidents .....	...	...
TOTAL.....	5	11	16	15	4	8	13	27	28	4	5	10	1	31	17	28	23	12	19	277	293	21	16	56	1	15	109	124	TOTAL.....	16	3	

a, 2 in-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- | | | | | |
|------------------------|------------------------|-------------------------|-----------------------|-----------------------|
| 1 Dr. T. C. NESHAM | 6 Mr. W. A. PANSON. | 11 Mr. W. ANDERSON. | 16 Mr. W. DODD. | 21 Dr. G. DOUGLASS. |
| 2 Mr. H. W. NEWTON. | 7 Mr. JON. DALGLEISH. | 12 Mr. C. CARR. | 17 Mr. N. HARDCASTLE. | 22 Dr. F. W. NEWCOMBE |
| 3 Mr. G. C. GILCHRIST. | 8 Dr. F. PAGE. | 13 Mr. G. SMITH. | 18 Mr. N. HARDCASTLE. | 23 Dr. R. F. COOK. |
| 4 Mr. JOHN HAWTHORN | 9 Dr. F. PAGE. | 14 Mr. H. E. ARMSTRONG. | 19 Mr. N. HARDCASTLE | 24 Dr. R. F. COOK. |
| Mr. J. A. ANGUS. | 10 Mr. H. E. ARMSTRONG | 15 Mr. H. E. ARMSTRONG. | 20 Dr. R. F. COOK. | |

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 43.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 29th DAY OF OCTOBER, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.		
								8	9	10	11	12	13	14	For the Week.						Corresponding Week last Year.										
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle	Gateshead.
Small-Pox.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Small-Pox.....	..	..
Measles.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	Measles.....	..	..
Scarlet Fever.....	..	..	1	..	..	..	4	..	..	..	1	..	..	..	..	..	..	..	..	6	4	1	..	..	..	1	1	Scarlet Fever.....	1	..
Diphtheria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Diphtheria.....	..	..
Hooping Cough.....	10	5	..	Hooping Cough.....
Croup.....	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	Croup.....	..	..
Diarrhoea.....	1	..	..	..	1	..	..	..	..	..	..	..	..	1	..	4	5	..	2	14	5	..	..	1	..	1	7	Diarrhoea.....	1	..
Dysentery.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Asiatic Cholera.....	..	..
Erysipelas.....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	Erysipelas.....	..	..
Continued Fever.....	..	..	..	3	1	..	3	..	..	..	..	..	..	..	..	..	..	..	..	7	3	..	..	1	..	1	3	Continued Fever.....	..	..
Typhus.....	3	3	3	..	..	..	..	..	..	..	..	..	..	15	..	..	2	..	26	5	..	..	..	3	..	3	9	Typhus.....	..	..
Enteric or Typhoid...	..	..	..	..	..	1	..	..	..	..	2	..	..	..	..	..	..	..	..	3	6	..	3b	1	..	4	3	Enteric or Typhoid...	..	..
Relapsing.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Relapsing.....	..	..
Febricula.....	2	..	..	i	..	1	..	..	..	..	..	..	..	..	1	2	..	..	7	9	..	..	2	..	..	2	2	Febricula..	..	..
Ague.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Ague.....	..	..
Rheumatic Fever.....	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	1	1	..	4	3	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	..	2	1	..	..	3	2	1	..	1	..	2	..	3	..	1	3	..	..	19	30	..	4	..	..	4	48	Bronchitis and Catarrh..	..	..
Influenza ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	..	..	..	1	Pleurisy and Pneumonia	1	..
Phthisis.....	1	..	..	..	..	..	..	3	..	1	..	2	..	7	..	..	2	..	1	17	10	..	..	1	..	1	1	Phthisis.....	1	..
Constitutional Syphilis.	..	..	1	..	..	..	..	1	..	..	..	..	..	5	..	1	1	1	..	10	6	..	..	2	..	2	..	Constitutional Syphilis..	..	..
All other Diseases.....	6	6	4	8	2	6	..	12	5	6	3	2	2	20	..	35a	13	7	16	153	155	17	8	25	..	12	62	66	All other Diseases.....	2	1
Accidents.....	..	..	..	..	..	..	..	15	33	..	..	..	..	..	..	..	1	..	..	49	46	..	1	14	..	15	10	Accidents.....	..	..
TOTAL.....	13	13	10	12	4	11	9	33	38	9	6	7	3	36	15	42	29	11	19	320	299	18	16	47	3	12	96	158	TOTAL.....	6	1

a, 1 An in-patient; b, 2 Removed to Gateshead Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN

Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. G. SMITH.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

THE third meeting of the Society was held in the Library of the Infirmary, on Thursday evening, December 8th. There was a fair attendance of members, The PRESIDENT (Dr. Burnup) took the chair at seven p.m.

The PRESIDENT was sorry to say that the Secretary was unable to attend, owing to indisposition. He had also to apologise on behalf of Mr. Jeaffreson for the errors in the last report, arising from his inability to correct the proofs.

Dr. Allan and Mr. Wilson were unanimously elected as members of the Society.

Mr. Mansen, of Howden, and Dr. Henderson, of Crook, were proposed as members by Dr. Valentine Hutchinson, Dr. Gibson, Dr. Humble, and Mr. Hardy.

Dr. Macaulay was also proposed by Dr. Humble, Mr. Aitchison, and Dr. Gibson.

Also Mr. Joseph Furness, of Castle Eden, by Dr. Broadbent, Mr. Davis, and Dr. Tessier.

In the absence of Dr. Philipson, it was resolved to take his report on the Health and Meteorology of Newcastle and Gateshead, as read, so that it might be printed as usual.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FIFTH REPORT FOR 1870.

By G. H. PHILIPSON, M.A., M.D.

THE returns for the month of November, from October 30th to November 26th, 1870, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns :—

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents ; the seizures from the zymotic division of diseases ; and the total number of cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks :—

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
November 5 ...	329	91	53	12	15	7
November 12 ...	275	82	48	8	10	2
November 19 ...	349	89	44	21	15	6
November 26 ...	353	119	63	27	25	6

The total of the new cases of disease and injury, in Newcastle, during the four weeks, has slightly increased. The numbers, in both towns, are under those of the corresponding weeks of the two previous years. The weekly numbers, in Newcastle, have varied between 353 and 275. The average of the four weeks being 327, against 283, the average of the four weeks of October, 336, the average of the corresponding period of 1869, and 309 of 1868. In Gateshead, the numbers have varied between 119 and 82. The average of the four weeks being 95, against 104, the average of the

four weeks of October, 125, the average of the corresponding period of 1869, and 105 of 1868.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, have continued few. In Newcastle, the weekly numbers have varied between 63 and 44, and in Gateshead, between 27 and 8. In Newcastle, the average of the four weeks is 52, against 59, the average of the corresponding period of 1869, and 76, of 1868; and in Gateshead, 17, against 19, the average of the corresponding period of 1869, and 16, of 1868.

Small pox has been once returned in Newcastle, and unrecorded in Gateshead. No death from this disease, in Newcastle, has been registered.

Measles, scarlet fever, and hooping cough, in Newcastle, have continued in little force. During the four weeks, 7 cases of measles, 20 cases of scarlet fever, and 16 cases of hooping cough, have been returned. In Gateshead, scarlet fever and hooping cough have been unrecorded, and only 2 cases of measles have been returned.

Diphtheria, in both towns, has been unreported. In the returns of the Registrar-General, 1 death from diphtheria, in Newcastle, is recorded in the week ending November 5th.

Croup has been thus reported:—In Newcastle, 2 cases; 1 fatal.

Diarrhoea and dysentery, have been nearly absent,

Continued and other fevers, in both towns, have increased in prevalence. After deducting the cases reported to have been sent to the Newcastle and Gateshead Fever Hospitals, and which thus appeared in two returns, the numbers were:—In Newcastle, during the four weeks, continued fever, 24; typhus fever, 65; enteric fever, 4; and febricula, 22; and in Gateshead, continued fever, 3; typhus fever, 24; enteric fever, 9; and febricula, 11. The total admissions into the Newcastle Fever Hospital, during the four weeks, amounted to 31, 30 typhus fever, and 1 not specified. In the corresponding period of 1869, 11 cases of typhus fever were admitted; in 1868, 14; in 1867, 58; in 1866, 26; and in 1865, 166.

Under bronchitis and kindred affections of the chest, the numbers have varied, in Newcastle, from 44 to 34; and in Gateshead, from 11 to 2. In the corresponding period of 1869, the numbers varied, respectively, in Newcastle, from 56 to 41, and in Gateshead, from 28 to 13; and in 1868, in Newcastle, from 57 to 30; and in Gateshead, from 19 to 9.

Under phthisis, during the four weeks, 54 cases were returned in Newcastle, and 10 in Gateshead. In the corresponding period of 1869, the numbers were 64 and 25, and in 1868, 58 and 12.

DEATHS.

The annual rate of mortality; the total registered, from all causes, in Newcastle; the number under one year of age and sixty years of age, and upwards; the number in public and private practice, from all causes and from zymotic diseases; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table:—

Week ending Saturday.	NEWCASTLE.								GATESHEAD.
	Annual rate of Mortality.	Registered from all causes.	Under One Year of age.	Sixty Years of age and upwards.	In Public Practice.		In Private Practice.		In Public Practice.
					From all Causes.	From Zymotic Diseases.	From all Causes.	From Zymotic Diseases.	
November 5	27	69	24	13	13	3	56	9	6
November 12	25	63	18	12	11	2	52	8	3
November 19	29	75	15	11	16	2	59	12	3
November 26	24	61	12	17	9	1	52	6	0

The annual rate of mortality, in Newcastle, has varied from 29 to 24 per annum, to 1,000 persons living. The average of the four weeks is 26, against 18, the average of the four weeks of October, 28, the average of the corresponding four weeks of 1869, and 25, of 1868.

The weekly total of the deaths registered, from all causes, in Newcastle, has fluctuated between 75 and 61. The average of the four weeks is 67, against 48, the average of the four weeks of October, 69, the average of the corresponding four weeks of 1869, and 61, of 1868.

Of the 268 individuals, who died during the month, 69 were under one year of age, and 53 were sixty years of age and upwards, leaving 146 for the years of age intermediate.

From general diseases, dependent upon a morbid condition of the blood, during the four weeks, 8 deaths occurred in the public practice of Newcastle, and 35 in the private; and 0 in the public practice of Gateshead. In the corresponding period of 1869, 5 deaths occurred in the public practice of Newcastle, from this class of diseases, and 2 in Gateshead; and in 1868, in Newcastle, 10, and in Gateshead, 3.

From fever, during the four weeks, 22 deaths occurred in Newcastle, 7 in the public practice, and 15 in the private; and 0 in the public practice of Gateshead.

From phthisis, during the four weeks, 5 deaths took place in the public practice of Newcastle, and 4 in the public practice of Gateshead. In the corresponding period of 1869, the numbers were 5 and 2 ; and in 1868, 7 and 0.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution ; the mean of the temperature of the air of Greenwich ; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
November 5	42·6°	44·1°	0·18
November 12	35·7°	39·1°	1·60
November 19	35·9°	37·6°	0·38
November 26	41·7°	46·8.	0·66

The temperature, in Newcastle, during November, was very variable. The weekly mean of the first and fourth weeks being comparatively high, and that of the second and third proportionally low. The weekly mean of the first week being 6·9° higher than that of the second week, and only 0·9° higher than that of the fourth, whereas, the weekly means of the second and third weeks were only 0·2° different, but 6·0° and 5·8° lower than that of the fourth week.

The total rain-fall, in Newcastle, in November, amounted to 2·82 inches. In October, the total was 4·00 inches, in November, 1869, 3·51 inches, and in November, 1868, 2·58 inches.

Hereto, the weekly tables of diseases and deaths are appended.

In the absence of Dr. Embleton, his paper on Death after a large dose of Chloral was read by Dr. Humble.

NOTES OF A CASE IN WHICH DEATH OCCURRED AFTER A COURSE OF INTEMPERANCE, AND A DOSE OF AN OUNCE OF CHLORAL HYDRATE.

By D. EMBLETON, M.D.

AUG. 14, 1870. Called out at ten minutes before 12 o'clock p.m., by Mr. Charles Carr, to see a patient who was said to have swallowed an ounce of chloral. It at once occurred to us that strychnia should be tried as the best antidote.

Mr. C. Carr went direct to the Dispensary and got a solution of strychnia of known strength (1 gr. to $\frac{3}{4}$ ss. of water acidulated with a little acetic acid) and a proper syringe for hypodermic injection, and in company with Mr. H. E. Armstrong, medical officer of the Dispensary, we hastened to the patient's house—not far distant—and there found Mr. Carr, senior, in attendance.

The patient was insensible, having slightly stertorous breathing and mucous râles in the throat and chest; the skin was hot, sweating copiously, and of a somewhat livid hue; the eyelids were closed, on opening them the pupils were seen to be contracted and stationary. The pulse was of good strength and volume, and 120 in the minute. The extremities warm. There was a fæcal smell at the bedside, and on turning down the clothes a considerable, dark, bloody and rather consistent evacuation was seen, which had been recently passed.

Our first thought was to inject a portion of the strychnia solution, and a fourth part was introduced under the skin of the left arm, the patient lying rather on his right side, and just below the insertion of the deltoid muscle. A similar quantity was injected under the skin of the chest, over the heart, a few minutes afterwards.

During this process, it was ascertained from the attendants in the house, that the patient, during the day, had drunk between twenty and thirty glasses of porter; that he had afterwards gone to bed, but, at night, not sleeping, had walked down stairs, and asked for some stimulus, and some chloral, which he had been in the habit of resorting to when he could not sleep. He was restrained for a time, but his attendants leaving him for a very short space, he had taken possession of the four-ounce bottle containing the solution of chloral ($\frac{3}{4}$ ss to $\frac{3}{4}$ i of solution, as marked on the bottle), and had rapidly swallowed at least two fluid ounces—one-half of the contents. His attendants returning, found that he had been drinking out of the bottle, which had previously been full. If this account be correct, and the contents of the bottle were as marked on the label, and there is no reason to doubt the

accuracy of the account or of the label, the quantity of chloral hydrate taken must have been an ounce.

The patient went immediately out of the room and upstairs. It was then about ten minutes to eleven o'clock. As soon as he got into the bedroom he vomited the contents of his stomach—food, drink, and doubtless the chloral solution, or the greater part of it. He got to bed, and medical assistance was sought at once. The Messrs. Carr were by his bedside without delay, and having heard what had occurred, made use of the stomach-pump and washed out the stomach by two separate applications; half a drachm of sulphate of zinc in solution having first been administered.

The patient was then insensible, the breathing stertorous, the pulse 140, the pupils dilated, the skin very livid, and the extremities cold.

The vomiting which had occurred within a minute of his taking the chloral, and the subsequent washings out of the stomach, had no doubt removed all that was removable of the chloral, but the insensibility, coldness, lividity, and other symptoms, testified to the effects of the chloral during the short time it had remained in the stomach.

After this the patient had gradually improved in temperature, in colour, in pulse, and in nervous manifestation up to the time of my seeing him, and he continued to improve for at least an hour after, when I left him, that is, for at least two hours from the taking of the drug.

No more strychnia was injected, as he was fast asleep, and it was thought that he might sleep off the remaining effects of the chloral and of the drink he had had previously.

He passed a somewhat restless night, but was sensible enough in the morning to recognise those about him.

In the morning, however, the powers of the nervous centres and of the heart began to flag, and notwithstanding repeated doses of ammonia, beef tea, and brandy, the coldness of the feet and hands returned and went on increasing, he gradually sank, and died at a few minutes past one o'clock p.m., without suffering of any kind, or any greater sensibility than that which has been mentioned.

In endeavouring to answer the question, what was the cause of death in this case? it is to be recollected that for twenty-five years at least the patient had been subject to fits of intemperance, occurring at irregular times, and lasting a variable time—from a few days to a few weeks—that occasionally he had suffered from epistaxes productive of great exhaustion and very difficult to arrest, that these bleedings were closely connected with, having accompanied or followed, the attacks of intemperance, that he had had at least on one previous occasion hæmorrhage from the bowels, and that moreover on the last fatal occasion he had been drinking

for fourteen days, and that on the day before death he had had a large quantity of porter.

At night he took the enormous dose of chloral already named ; this was, however, almost immediately got rid of by vomiting, as is not unfrequently the case after the taking of chloral, and by the use of the stomach-pump. Complete insensibility followed, but life, with symptoms of decided reaction, and of mental as well as bodily improvement up to next morning, was continued for fourteen hours ; and it was during the last few hours—four or five—that the fatal sinking set in.

Death, therefore, cannot well be attributed altogether to the chloral, certainly not to its immediate or principal action, for a dose such as that taken—or believed to have been taken, in this case—ought, if retained, to have been fatal in a very few minutes. Neither can it be ascribed directly to the porter, though the quantity was large, for to this he had been accustomed, and as he could not sleep from what he had drunk, he had demanded more.

The efforts at vomiting caused by the chloral may have been instrumental in bringing on the hæmorrhage in a constitution already predisposed to it by intemperance, and possibly the rapid action of the chloral during the very short time it remained in the stomach, may have favoured the escape of blood by diminishing its coagulability. For Dr. B. W. Richardson, among the conclusions he has drawn from experiments on animals with chloral hydrate, reports, that this substance, “in small proportions, prevents, in some degree, the coagulability of the blood ; and in large quantities, stops the process of coagulation altogether. In large quantities, it also destroys the blood corpuscles, and produces general destruction of blood.”* The effect of the chloral in this respect it is not easy, however, in this case to estimate ; perhaps it played only a secondary part in the production of death. This, I suspect, was owing to the internal hæmorrhage, for it is not at all improbable that the quantity of blood passed from the bowels was only a part of that which had escaped from the vessels, and that there may have been hæmorrhage into the intestines, or elsewhere, sufficient to account for the gradual sinking, and death from asthenia which supervened. I am glad to say that my suspicion is confirmed by that of the Messrs. Carr, who had long been intimately acquainted with the deceased.

In the absence of exact information, derivable only from a *post mortem* examination, which it is much to be regretted could not be obtained, the above appears to be the most rational hypothetical explanation of the death in this most melancholy case.

* Brit. Med. Jour., Oct. 9, 1869.

The PRESIDENT thought that the patient had most likely died from exhaustion.

Mr. HARDY mentioned a case of a lady, aged 102, who, having up to that time retained her intellect unimpaired, was seized with symptoms of what he called senile imbecility. He had given her 20 grains of chloral, after which she slept for thirty hours, with slight intervals, and recovered perfectly. He had often tried it, and was always satisfied.

Dr. WILLIAMSON agreed in the opinion of the President, that there was no internal hæmorrhage.

Dr. GIBSON, while calling attention to the short time that chloral required to produce its action, thought it exceedingly likely that the patient may have died from its effects.

Mr. HARDY generally found that patients slept within ten minutes after the exhibition of the drug.

Dr. EASTWOOD corroborated this statement. He usually gave from 30 to 35 grains.

Dr. WILLIAMSON alluded to a case in his experience, where chloral produced sleep, but did not relieve pain, so that opium was greatly preferred.

Dr. BYROM BRAMWELL generally found that where pain was not relieved sleep did not follow.

Mr. FIELDEN attributed this to a peculiar idiosyncrasy in the patient.

Mr. WOOD believed that large doses produced more rapid effects than several small doses frequently repeated. In one case he had gradually increased the dose to three drams.

Dr. PAGE had recently given five drams and 40 grains in a case of intemperance.

Dr. HUMBLE, while regretting that Dr. Embleton was not present to defend his own view of the case, was of opinion that the shock given to the system by so large a dose was quite sufficient to produce death, especially where the strength of the constitution had been lowered by a long course of intemperance.

PATHOLOGICAL TRAY.

Dr. BYROM BRAMWELL exhibited a specimen of villous disease of the bladder, of which he gave the following description:—"The case from which I obtained the specimen of villoid tumour of the

bladder occurred in the practice of my father. The patient had enjoyed fair health up to her 69th year, when she began to be troubled with a feeling of weight and bearing down in the pelvis, with difficulty in defecation and micturition. On examination per vaginam a tumour of the size of an orange, of a stone-like density, was felt between the rectum and bladder. The body of the uterus was irregular, and the os was natural. Two years after this, the patient began to pass blood per urethra, at first in small quantities, but during the last few years of her life the hæmorrhage increased in spite of all treatment both in quantity and frequency. After death, which took place at the age of 78, the bladder was found to be filled with the tumours which I now show you. They are three in number, and consist of very minute villi, covered with cylindrical epithelium. Their structure is seen in the specimens under the microscope."

Dr. PAGE then described a malignant tumour of the fibula, and an ovarian cyst, both removed from patients in the Infirmary, by Dr. Heath.

CASE OF PUERPERAL ECLAMPSIA IN WHICH CHLORAL WAS ADMINISTERED.

BY S. FIELDEN.

ABOUT seven o'clock on the morning of the 20th November, I was sent for to attend Mrs. B., who was in labour with her fifteenth child. She is naturally a stout, flabby-looking person, but on that morning I observed that her face and hands were anasarcous, and in reply to my inquiries, she stated that for some time previously her secretion of urine had been very scanty, and dark in colour. She had suffered very little from pain in the head, but had often experienced transient attacks of vertigo. She complained, too, of drowsiness and nausea, and of her breath having been very fœtid, and of other symptoms indicative of uræmic poisoning. Her labour was in every respect natural and easy (as indeed all her former ones had been), and before nine o'clock she gave birth to a large, healthy-looking female child.

Four hours afterwards—at nine p.m.—I was requested to see her again. She complained of severe epigastric pain, and said, "Why, I cannot see you, sir," and in a moment her eyes became fixed, and the pupils dilated; then the countenance became almost livid, and hideously distorted by spasmodic contractions; the breathing sibilant; the muscles of the arms, and, indeed, of the

whole body, were violently convulsed; the eyeballs were strongly rotated, and seemed starting from their sockets; the tongue was protruded and lacerated; and with each expiration bloody froth was ejected from the mouth. In a few minutes the patient lay in a state of insensibility, breathing stertorously. Slowly she recovered consciousness, and became extremely restless, tossing about so much that it was with difficulty she could be kept in bed. The pulse at the time was over 100, soft and compressible; the head hot and flushed.

During the paroxysm, mustard poultices were applied to the epigastrium and legs, and the cold douche resorted to. Then bladders containing salt and water were placed under and rested against the partially shaven head. A calomel and jalapin powder was put upon the tongue.

I looked upon the case as one of the asthenic epileptiform variety. Considering the character of the pulse, and at the same time regarding the cerebral congestion rather as a consequence than a cause, I did not feel myself justified in abstracting blood largely. I contented myself, therefore, in that respect, with the application of a few leeches to the head. The paroxysms, however, recurred at tolerably equal intervals of from half-an-hour to forty minutes, increasing in severity, sensibility never being fully restored. After the second one, the restlessness ceased, and she lay mainly on the left side. A large liquid blister was applied to the right side of the head, and down behind the ear.

Eight p.m. She had passed no urine since she was confined, not even unconsciously. I introduced a catheter, and obtained about half a gill, which was dark and smoky-looking, but unfortunately the basin containing it was accidentally upset, and an officious attendant threw out a second supply obtained a few hours later on. A draught containing 15 grains of chloral was administered, and directions given to repeat the dose every hour if the fits returned. Three doses were so given, the paroxysms in the meantime diminishing in frequency and intensity. At 11.30 I saw her in one, which was certainly much less violent than those I had witnessed earlier on. At 12 she became somewhat restless, and I administered 20 grains of the drug. She fell asleep, and had no return of the fits till 5.30 a.m., when a short one—the last—occurred. Her bowels had been freely acted upon about 3.30. During the next day she continued to take 5-grain doses of chloral every four hours, and whenever she neglected it, dyspnoea supervened. She progressed satisfactorily, but slowly, from this time. Her intellect does not appear to be at all affected.

What was the exciting cause of the eclampsia in this instance? Was it brought about by uræmic toxæmia, or did the morbid irritation and congestion in the kidneys, by reflex action, produce

it? Was it centric, or eccentric? Most probably, I think, both. I regret that I had not an opportunity of examining the urine drawn off by the catheter, as a specimen I obtained afterwards was not available, some vaginal discharge being mingled with it.

The case I regard as interesting from the fact that chloral exerted such a marked influence in arresting the paroxysms, for, while prior to its administration, they had been gradually increasing both in severity and frequency, even after the first dose—a small one—they were observed to mitigate, and eventually, by repeating the drug, to disappear altogether.

Mr. WOOD said that if he understood Mr. Fielden aright, his patient had exclaimed without any apparent cause, "Oh, doctor, I cannot see you." This, he thought, had evidently been due to epilepsy of the retina, and it was extremely interesting that it should have been followed by a typical attack of epileptiform convulsions.

Dr. GIBSON remarked that, while no doubt something might be due to uræmic poisoning, and to other agents commonly at work in the production of puerperal convulsions, he was of opinion that it was a case of congestion of the brain.

Dr. DENHAM observed that a similar case had been published lately by Dr. Hall Davis.

Dr. BYROM BRAMWELL said that Dr. Gibson's explanation would not apply in those cases where the convulsions came on before labour, and where there was consequently no congestion of the brain. He thought that we must admit that kidney disease has a powerful effect in producing convulsions in most cases, and, therefore, why not in the one under discussion?

Dr. GIBSON said that his remarks only had reference to the present case.

Mr. FIELDEN was sorry to disagree with so high an authority as Dr. Gibson, but as his patient showed no symptoms of cerebral congestion before the convulsions set in, he was unable to discover the grounds on which Dr. Gibson formed his opinion. He believed the congestion was a consequence of the eclampsia, certainly not the cause.

ON THE NOMENCLATURE OF SO-CALLED MENTAL DISEASES.

BY J. W. EASTWOOD, M.D. EDIN., DINSDALE PARK RETREAT,
DARLINGTON.

THIS paper has been suggested to me by the publication of a very valuable work under the authority of the London College of Physicians, for the guidance of medical practitioners, and for "perfecting the statistical registration of diseases." The committee appointed included many distinguished men, and when I mention that only one physician, engaged specially in the study and practice of psychological medicine, was a member of that committee, you will not be surprised that, as regards one class at least of diseases, the nomenclature is by no means perfect. It is my intention now to point out this imperfection, to give you the nosologies adopted by others, and, finally, to offer you a practical classification of the disorders or diseases connected with the mind. And, at the outset, I wish to state that few men, if any, engaged in the practice of these diseases regard them as purely mental. All these affections are somatic, however difficult, in our present knowledge, it may be to fix upon the precise locality of the disease. In this respect we are all materialists, and we regard the morbid mental manifestations as proceeding from some change in the substance of the brain and surrounding parts, some irritation of the nervous system, or some unhealthy condition of the blood. It is only with this explanation, therefore, that I shall use the term "mental diseases."

In the nomenclature of the College of Physicians, under the head of "Diseases of the Nervous System," we find "Disorders of the Intellect." There are six divisions or forms of disease given, numbered as follows:—

105. Mania — *Definition*: Disorder of the intellect, with excitement.

a. Acute mania.

b. Chronic mania.

106. Melancholia. — *Definition*: Disorder of the intellect, with depression, often with suicidal tendency.

NOTE.—Cases of so-called monomania are to be classed under chronic mania, or melancholia, according to their character.

107. Dementia. — *Definition*: Disorder of the intellect characterised by loss or feebleness of the mental faculties.

a. Acute dementia.

b. Chronic dementia.

108. Paralysis of the insane. *Syn.* General paralysis.

109. Idiocy (congenital).

110. Imbecility (congenital).

The great error in this nosology is that the three first of these diseases are all called disorders of the intellect. Now, a more

scientific description, which I shall give presently, does not include them at all amongst the disorders of the intellect, but of the moral sentiments and propensities ; and certainly in mania, for instance, these latter are generally as much disordered as the intellect itself. Paralysis of the insane should have "general" before it, as the *syn.* general paralysis is not sufficient to express this disease, whose entity is perhaps more defined than that of any other form of mental disorder. The omissions in this classification are of still more importance, for under the head of poisons, alcohol brings in delirium tremens, and it is also placed again, in a subordinate manner, amongst functional diseases of the nervous system. This disease, though generally produced by alcoholic excess, is as much a disorder of the intellect as any of those already named. The work itself does not name dipsomania, and though it may be thought to be included under mania, yet it is a form so peculiar in its origin and symptoms, that it is worthy of a separate place.

When general practitioners wish to obtain some information respecting any disease, they mostly consult a standard work, and Dr. Aitken's two volumes on the Science and Practice of Medicine is certainly one of the best. In this work, there are nine forms of insanity given :—Idiocy, cretinism, imbecility, dementia, monomania, moral idiocy, moral insanity, melancholia, mania.

This list is remarkable by its containing several forms which might be left out, and by its omission of delirium tremens, dipsomania, and general paralysis of the insane.

This last disease is included by Dr. Aitken under the head of paralysis, and one of three forms is stated to be the "progressive paralysis of the insane." A disease which is the cause of death in hundreds of cases every year is dismissed in four lines, whilst other diseases which are only occasionally to be met with occupy some pages.

The nosologies I have placed before you are adapted for the profession generally, but I have now to give you two of the best which are intended more especially for those who are occupied in the practice of this department of medicine. They are necessarily more elaborate and more scientific, and present us with certain forms of disease which cannot be considered as distinct entities, though they are such as may be frequently recognised in practice. The best text-book on mental diseases is undoubtedly Bucknill and Tuke on "Psychological Medicine," and where any of you require detailed information, you cannot consult better authorities. The classification there given is one founded upon the great divisions of the mental faculties, as given by phrenologists. "Disorders of the Mind" are those connected with the intellect, the moral sentiments, and the propensities, and are sixteen in number.

1. The Intellect :—Idiocy, imbecility, dementia, monomania.
2. The Moral Sentiments :—Moral idiocy, moral imbecility, moral insanity, melancholia, exaltation.
3. The Propensities :—Mania, homicidal mania, suicidal mania, kleptomania, erotomania, pyromania, dipsomania.

This description is defective by its omission of general paralysis of the insane and delirium tremens. It is further uncertain by the fact that one patient has frequently all the above three divisions of the mind diseased, when it is impossible to say that he is labouring under three diseases. Whilst the College of Physicians' Nomenclature defines mania, melancholia, and dementia to be disorders of the intellect, Drs. Bucknill and Tuke regard the two first as belonging to the moral sentiments, and dementia only to the intellect. It is common enough, however, to find in mania delusions of the intellect, perversion of the moral sentiments, and morbid or increased action of the propensities. Delusional and emotional insanity are terms used to define the two forms of mental disease with delusions and morbid feelings.

Let us now come to a more recent, more elaborate, if not more scientific nosology, given by Dr. Skae, of Edinburgh. The natural forms of mental disorders constitute the basis of Dr. Skae's nosology. He gives a list of twenty-five varieties of mental affections, which it is not to be expected that you will always be able to distinguish in practice. Some of these forms are easily recognised, though there are others given where only the prominence of one or more symptoms characterise the disorder. This nosology is certainly more for the guidance of the special than the general practitioner. Dr. Skae's list is as follows :—

Idiocy	}	Intellectual.
Imbecility		Moral.
Epileptic Mania.		
Mania of Masturbation.		
„		Pubescence.
Satyriasis.		
Nymphomania.		
Hysterical Mania.		
Amenorrhœal Mania.		
Sexual Mania.		
Mania of Pregnancy.		
„		Lactation.
„		Childbearing (Puerperal).
Climacteric Mania.		
Ovario-Mania (Utero-Mania).		
Senile Mania.		
Phthisical Mania.		

Metastatic Mania.
 Traumatic Mania.
 Sun-stroke Mania.
 Syphilitic Mania.
 Delirium Tremens.
 Dipsomania.
 General Paralysis of the Insane.
 Idiopathic Mania (Sthenic and Asthenic).

Melancholia, monomania, and moral insanity are omitted altogether, the first probably by mistake.

This is considered by Dr. Skae to be "a rational and practical classification of insanity." Considering its numerous forms, it is surprising that there are such important omissions of some well-marked varieties of mental disorder.

And now that I have presented to you these different nosologies, you may reasonably ask who shall decide when doctors, and especially mad-doctors, disagree? That they are all more or less correct cannot be doubted, and I have no intention of putting forward a nosology superior to the classifications of the eminent men I have mentioned. My object is to place before you, as general physicians or general practitioners, and not as specialists, a practical and useful division of this class of affections, which may guide you in your ordinary practice, so that every case you see may be brought under one of the heads I shall name. With this purpose in view it will not do to take pathology *alone* as a basis, for the pathology of these diseases is at present notoriously uncertain. The natural history division cannot be strictly adhered to, nor can the divisions of the faculties into the intellect, the moral sentiments, and the propensities, be adopted, as the symptoms of one form of disorder may involve all the three divisions. It is a combination of these three methods which will be the most useful for the purpose in view. Therefore, you will not consider the classification I give you as having any pretensions to being scientific, but simply practical.

I would divide the disorders of the brain and nervous system, having morbid mental or moral phenomena as their principal symptoms, into eight classes:—

1. Idiocy and Imbecility—congenital.
2. Dementia, acute and chronic.
3. Mania, acute and chronic.
4. Melancholia.
5. Moral Insanity.
6. Dipsomania.
7. Delirium Tremens.
8. General Paralysis of the Insane, or Paralytic Insanity.

Imbecility, idiocy, and cretinism, are only different degrees of the same disease, consisting in deficient development of the brain, whether of one part or the whole, giving rise to the distinctions known as moral and intellectual imbecility and idiocy. Cretinism is the worst form of this stunted growth, and as it is not found in this country, it is omitted altogether.

Dementia is a distinct form as an acute disease, but in its chronic form it is the most frequent result of several varieties of insanity. It must never be confounded with imbecility or idiocy, which are congenital only.

Mania is a wide term, though an attack of the acute disease is often well-marked. There are many sub-divisions, the most decided of which are epileptic mania, and the mania of the puerperal state. Puerperal insanity may, however, be either mania or melancholia. The chronic forms of mania are very numerous, according to the faculties affected. Homicidal mania is one of the most dangerous and most difficult forms, often existing with considerable intellectual clearness.

Melancholia may be either simple or suicidal, and it is frequently the latter. It is often a very well-marked form of disease, but sometimes the symptoms alternate or are mixed with those of mania, so that it is not easy to say to which division the case properly belongs.

Moral insanity is not accepted as a distinct form by some authorities, but instances occasionally occur which can only come under this head, delusions being absent, and the intellect remaining clear.

Dipsomania is not considered by some as a distinct form, or is included as a variety of mania. Its symptoms are so peculiar, resembling moral insanity as much as mania, that it appears out of place anywhere except as a separate form of disease.

Delirium tremens is most like acute mania, but it is too characteristic to be merged into any other division.

General paralysis of the insane is more distinct than any of the above in its pathology, history, mental and physical symptoms. It deserves to be better known than it is amongst general practitioners, for more mistakes of diagnosis and prognosis occur with this disease than any other with which I am acquainted.

Monomania has been omitted from this classification, for true monomania can scarcely be said to exist. There is more than one subject on which the patient is insane, and the case then comes under the head of mania or melancholia. It is a term more general than scientific in its character.

In order to show you, from actual practice, the relative frequency of those forms of disease, I have noted down the last twenty cases which have come under my own care, and the different forms were as follows:—

Acute mania, including one case of puerperal mania, and one of puerperal suicidal mania	7 cases.
Chronic mania of various forms, two cases being almost monomaniacs, the delusions being limited to a few subjects.....	5 „
Melancholia, all more or less suicidal	3 „
Chronic dementia, with excitement	2 „
General paralysis of the insane	2 „
Imbecility, with occasional excitement.....	1 case.
	<hr/> 20

If I have succeeded in simplifying a subject on which there is a considerable variety of opinion, I shall have fully gained my object in presenting you with these views on the classification of mental diseases.

Mr. WOOD was inclined to the common sense view of classifying every kind of insanity on a pathological basis. He considered insanity as a pathological entity, and the result of a sympathy between other organs in a diseased or abnormal condition, and the brain, or of some abnormal condition (possibly inflammatory) of the brain itself.

Dr. GIBSON thought it might be accepted that healthy mental life was only possible in a healthy body; that perfect physical manifestations were the expression of functional perfection in all the organs or parts of the brain, as in all the other corporeal organs; that well-marked departures from this harmonious co-operation had their expression in eccentricity or some other form of mental unsoundness; and that the most perfect classification of the varieties of insanity will be that which generalises most perfectly the perverted mental phenomena which result from disturbances in the brain itself and elsewhere.

Mr. HARDY wished to ask Dr. Eastwood's definition of acute dementia.

Dr. EASTWOOD said, in reply, that he thought the time had not yet come for definitely separating mental diseases into classes, seeing that we were still in ignorance of their true pathology. We know more of general paralysis of the insane, and he would call that a separate disease. He disbelieved in morbid manifestations of mind apart from the body.

CORRECTED REPORT OF DR. GIBSON'S REMARKS AT LAST
MEETING, PAGE 37.

Dr. GIBSON thought that one of the difficulties of investigations into the nature of cancer arose from the fact that no satisfactory definition of it had yet been given. The name was introduced when little comparatively was known concerning malignant diseases, and since the time of its introduction it had been made to include many different forms of disease. But probably all diseased growths which had the power to invade and to destroy tissue beyond their own limits should be regarded as cancerous. Moreover, certain growths apparently foreign when first observed are susceptible of great changes, and of ultimately assuming unmistakably malignant characters. He did not, however, think that the microscope had yet shown any specific cancer cell, or any specific cancer tissue.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead. [No. 44.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 5th DAY OF NOVEMBER, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.							DEATHS.			
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.				
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.								Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	Newcastle.	Gateshead.	
Small-Pox.....	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	2	...	...	4	...	...	...	...	...	...	...	...	...	6	20	...	...	...	...	...	...	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	5	...	...	...	5	11	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	5	1	1	9	15	...	...	...	...	...	...	...	Diarrhoea.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	5	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	...	1	...	4	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	1	Continued Fever.....	...	...
Typhus.....	...	5	...	...	1a	...	...	...	...	...	1	...	...	...	9	...	...	...	...	16	1	...	...	...	7	...	7	2	Typhus.....	2	...
Enteric or Typhoid...	1	...	...	...	...	...	...	...	...	1	...	...	1c	1	...	...	2	2	Enteric or Typhoid...	1	...
Relapsing.....	1	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	3	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	13	...	1	2	...	...	3	5	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	1	...	...	...	...	...	...	1	...	...	3	4	...	...	...	...	...	...	1	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	3	4	...	...	1	2	...	1	...	2	2	3	3	...	3	7	2	...	33	37	...	...	2	...	...	2	13	Bronchitis and Catarrh..	...	...
Influenza.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	1	...	1	1	4	6	...	...	...	...	...	...	...	Pleurisy aud Pneumonia	...	...
Phthisis.....	1	...	1	4	1	1	...	...	...	...	...	5	...	...	1	...	...	14	13	1	...	2	...	...	3	5	Phthisis.....	2	3
Constitutional Syphilis.	4	2	...	...	...	...	4	...	2	3	1	...	16	11	...	...	1	...	...	1	...	Constitutional Syphilis..	...	...
All other Diseases.....	2	4	7	5	1	13	...	17	5	8	3	3	...	21	...	32b	22	6	16	165	156	8	6	30	...	14	58	57	All other Diseases.....	6	3
Accidents.....	2	...	...	...	8	29	1	...	...	...	1	...	...	...	1	...	42	43	...	1	14	...	...	15	13	Accidents.....	2	...
TOTAL.....	2	15	12	14	3	18	10	30	37	14	7	6	5	34	9	43	40	12	18	329	338	9	9	52	7	14	91	111	TOTAL.....	13	6

^a, Removed to Newcastle Fever Hospital; ^b, 1 An in-patient; ^c, Removed to Gateshead Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. O. GILCHRIST.
4 Mr. JOHN HAWTHORN.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
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14 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 45.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 12th DAY OF NOVEMBER, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.													TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.		
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.										
																													In-Patients.	Out-Patients.	Central.
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
20	21	22	23	24	For the Week.	Corresponding Week last Year.																									
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	1	Measles.....	...	...
Scarlet Fever.....	2	...	...	2	...	...	...	...	...	...	...	...	...	4	5	...	...	...	...	...	...	3	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	6	...	...	...	6	14	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	6	16	...	...	...	...	...	...	1	Diarrhoea.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	2	...	...	...	...	...	...	1	...	...	...	...	...	1	...	4	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	2	...	3	...	...	2	1	1	...	...	...	...	...	...	9	...	...	...	...	...	...	...	1	Continued Fever.....	...	...
Typhus.....	...	2	...	...	4a	...	...	...	...	...	3a	...	...	5	...	...	...	14	3	...	...	...	2	...	2	3	Typhus.....	2	...	
Enteric or Typhoid...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	3b	2	...	...	5	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	3	9	...	...	1	...	...	1	1	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	4	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	3	4	3	3	1	1	2	...	...	1	2	...	...	6	...	3	2	...	31	37	2	1	4	...	...	7	26	Bronchitis and Catarrh..	3	...
Influenza.....	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	1	4	...	...	...	...	...	...	2	...	Pleurisy aud Pneumonia	...	...
Phthisis.....	1	...	1	...	...	1	...	3	...	...	2	1	...	9	17	...	...	1	...	1	4	Phthisis.....	2	...		
Constitutional Syphilis.	2	...	...	...	1	...	...	...	...	1	...	...	1	...	5	9	...	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	3	6	6	10	5	6	...	10	6	1	2	4	2	23	...	22	13	7	13	139	151	5	9	29	...	10	53	62	All other Diseases.....	4c	3
Accidents.....	1	...	1	...	12	23	...	...	...	...	1	...	...	...	...	38	29	..	...	13	...	...	13	17	Accidents.....	...	...
TOTAL.....	6	17	11	22	6	13	7	24	29	6	5	11	2	34	5	34	20	10	13	275	300	7	13	50	2	10	82	121	TOTAL.....	11	3

a, Removed to Newcastle Fever Hospital; b, Removed to Gateshead Fever Hospital; c, 1 Cardiac disease.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN

Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

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14 Mr. H. E. ARMSTRONG.

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- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 46.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 19th DAY OF NOVEMBER, 1870.

DISEASES.	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Penham and St. Andrew's.	Infirmary.		Dispensary.				Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.	
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.																		Out-Patients.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox.....	Small-Pox.....	..	..
Measles.....	2	..	..	..	..	..	..	5	Measles.....	..	..
Scarlet Fever.....	2	..	..	1	..	..	2	..	1	2	..	..	..	..	..	8	7	..	..	..	..	..	2	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	2	..	..	..	2	13	..	..	..	..	..	2	Hooping Cough.....	..	..
Croup.....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	Croup.....	1	..	
Diarrhoea.....	1	5	..	..	6	17	..	..	..	..	..	5	Diarrhoea.....	..	..
Dysentery.....	1	..	..	..	..	..	1	Dysentery.....	..	..	
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	..	..	..	..	..	..	Erysipelas.....	..	..
Continued Fever.....	2	..	..	3	..	..	..	..	..	..	..	..	..	..	5	3	..	..	..	..	..	..	..	Continued Fever.....	1	..		
Typhus.....	..	2	..	..	..	1	..	..	..	1	6	..	2	..	3	..	..	15	5	..	..	..	6	..	6	1	Typhus.....	1	..
Enteric or Typhoid...	7a	2	1	..	10	..	..	Enteric or Typhoid...	..	..
Relapsing.....	Relapsing.....	..	..
Febricula.....	1	4	..	..	..	..	..	..	..	1	..	..	..	1	..	7	6	..	2	3	..	..	5	6	Febricula.....	..	..
Ague.....	Ague.....	..	..
Rheumatic Fever.....	..	1	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	4	6	1	..	1	..	..	2	1	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	2	2	2	2	1	5	4	1	..	3	3	10	..	2	3	2	1	43	46	..	2	4	..	6	26	Bronchitis and Catarrh.	2	..	
Influenza	2	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	6	..	2	..	..	..	2	..	Pleurisy and Pneumonia	..	..
Phthisis.....	..	1	2	..	..	..	..	4	..	1	..	3	..	4	..	1	1	..	17	18	..	2	2	..	4	9	Phthisis.....	1	1
Constitutional Syphilis.	1	..	2	..	1	..	..	..	7	..	1	1	1	14	11	..	..	..	..	..	1	Constitutional Syphilis.	..	..
All other Diseases.....	3	6	8	9	2	6	..	17	4	10	5	7	1	29	1	28b	20	10	15	181	166	4	7	18	..	12	41	72	All other Diseases.....	10c	2
Accidents.....	2	..	4	35	2	..	..	..	1	..	..	..	1	45	43	..	1	12	..	13	22	Accidents.....	..	..
TOTAL.....	5	13	13	21	3	16	8	29	39	20	14	11	6	51	4	35	30	14	17	349	353	5	23	42	7	12	89	154	TOTAL.....	16	3

a, All removed to Gateshead Fever Hospital; b, 3 In-Patients; c, 1 Iliac Aneurism.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.
Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
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17 Mr. N. HARDCASTLE.
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20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 47.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 26th DAY OF NOVEMBER, 1870.

DISEASES.	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox	Small-Pox.....	...	...
Measles.	2	1	...	...	...	...	...	2	1	...	...	...	...	...	...	...	6	1	2	...	...	...	...	2	1	Measles.....	...	...
Scarlet Fever	2	...	...	...	...	...	...	...	...	...	2	16	...	...	...	...	...	...	1	Scarlet Fever....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	20	...	...	...	...	...	...	6	Hooping Cough.....	...	...
Croup	1	Croup .....	...	...
Diarrhoea	1	...	1	1	...	1	...	...	...	...	...	1	...	3	3	...	...	11	11	...	1	1	...	...	2	2	Diarrhoea.....	...	...
Dysentery.....	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	3	3	...	1	...	...	...	1	...	Erysipelas .....	...	...
Continued Fever.....	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	1	1	Continued Fever .....	...	...
Typhus.....	...	1	...	...	...	1a	...	...	...	7	...	4	...	13	...	...	...	...	26	6	...	...	...	6	...	6	1	Typhus	1	...
Enteric or Typhoid...	1	...	1	...	...	...	...	...	...	2	...	1	7c	3	2	...	13	1	Enteric or Typhoid...	...	...
Relapsing	Relapsing .....	...	...
Febricula	1	1	4	...	...	...	...	...	...	...	...	...	1	...	1	8	8	...	...	2	...	...	2	5	Febricula .....	...	...
Ague.....	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	2	...	...	2	...	...	...	...	...	...	5	3	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	4	1	3	...	1	2	2	...	4	2	1	...	8	...	2	2	2	...	34	46	3	2	6	11	17	Bronchitis and Catarrh.	2	...
Influenza	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	1	...	...	1	...	1	...	...	...	1	...	...	1	...	...	...	5	8	...	...	...	...	...	...	...	Pleurisy aud Pneumonia	...	...
Phthisis	2	...	1	...	1	...	...	...	...	1	1	4	...	...	3	...	1	14	16	...	...	1	...	1	2	7	Phthisis.....	...	...
Constitutional Syphilis.	3	...	...	...	...	...	...	...	1	6	2	...	12	7	...	...	1	...	...	1	...	Constitutional Syphilis..	...	...
All other Diseases	1	4	11	5	6	2	...	15	9	14	8	2	...	32	...	27b	13	9	12	170	167	16	6	25	...	18	65	61	All other Diseases.....	6	...
Accidents	2	...	1	...	1	...	11	28	...	...	...	2	...	...	...	...	...	45	40	...	2	11	...	...	13	12	Accidents .....	...	...
TOTAL.....	1	17	15	18	8	11	5	34	37	23	20	5	9	47	13	35	28	13	14	353	354	22	20	50	8	19	119	116	TOTAL.....	9	0

a, removed to Newcastle Fever Hospital; b, 1 An In-Patient; c, 5 Removed to Gateshead Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM,
2 Mr. H. W. NEWTON.
3 Mr. G. O. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
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23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE fourth monthly meeting was held in the Library of the Infirmary, on Thursday evening, January 12th, 1871—the President (Dr. BURNUP) in the chair.

Mr. Mansen and Mr. Joseph Furness, Drs. Henderson and Macaulay, were unanimously elected as members.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

SIXTH REPORT FOR 1870.

BY G. H. PHILIPSON, M.A., M.D.

THE returns for the five weeks, from November 27th to December 31st, 1870, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns :—

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents ; the seizures from the zymotic division of diseases ; and the total number of

cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks :—

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
December 3 ...	332	95	53	14	21	3
December 10 ...	308	110	41	20	16	8
December 17 ...	288	113	51	11	14	0
December 24 ...	291	97	35	11	10	2
December 31 ...	236	121	41	11	10	5

The total of the new cases of disease and injury, in Newcastle, has remained stationary. The numbers, in both towns, are under those of the corresponding weeks of the two preceding years. The weekly numbers, in Newcastle, have varied between 332 and 236. The average of the five weeks being 291, against 327, the average of the four weeks of November, 331, the average of the corresponding period of 1869, and 306 of 1868. In Gateshead, the numbers have varied between 121 and 95. The average of the five weeks being 107, against 95, the average of the four weeks of November, 96, the average of the corresponding period of 1869, and 113 of 1868.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, have continued few. In Newcastle, the weekly numbers have varied between 53 and 35, and in Gateshead, between 20 and 11. In Newcastle, the average of the five weeks is 44, against 53, the average of the corresponding period of 1869, and 70, of 1868; and in Gateshead, 14, against 19, the average of the corresponding period of 1869, and 23, of 1868.

Small pox has been unreturned in Newcastle, 6 times recorded in Gateshead. In Newcastle, 1 death from this disease, was registered.

During the year 1870, in Newcastle, 38 cases of small pox were reported, 3 fatal; and in Gateshead, 6 cases, without a death.

Measles, in Newcastle, has continued slightly in force, and in Gateshead has been unreturned. In Newcastle, 12 cases is the total for the five weeks.

During the year 1870, 135 cases of measles, without a death, were noted in Newcastle; and 45, 1 fatal, in Gateshead.

Scarlatina has continued very slightly prevalent. In Newcastle, 18 cases is the total for the five weeks, and in Gateshead 1.

During the year 1870, 192 cases of scarlet fever, 5 fatal, were noted in Newcastle; and 34, without a death, in Gateshead.

Diphtheria, in both towns, has been unrecorded.

During the year 1870, no case of diphtheria was returned in the public practice of Newcastle or Gateshead.

Hooping cough, in Newcastle, has been very slightly prevalent, and in Gateshead has been unreturned. In Newcastle, 16 cases is the total for the five weeks.

During the year 1870, in Newcastle, 176 cases of hooping cough were returned, with 15 deaths; and in Gateshead, 73 cases, with 1 death.

Croup has been 3 times returned in Newcastle, during the five weeks.

During the year 1870, in Newcastle, 22 cases of croup were returned, 1 fatal; and in Gateshead, 3 cases, 1 fatal.

Diarrhœa and dysentery have been very little in force.

During the year 1870, in Newcastle, 849 cases of diarrhœa were returned, with 20 deaths, a per centage of 2·4; and 46 cases of dysentery, with two deaths, a per centage of 4·3. In Gateshead, 194 cases of diarrhœa were recorded, with 8 deaths, a per centage of 4·2; and 7 cases of dysentery, without a death.

Asiatic cholera has been unrecorded, in both towns, in every month of 1870.

Continued and other fevers, in both towns, have not diminished in prevalence. After deducting the cases reported to have been sent to the Newcastle and Gateshead Fever Hospitals, and which thus appeared in two returns, the total numbers for the five weeks are:—In Newcastle, continued fever, 18; typhus fever, 69; enteric fever, 0; and febricula, 45; and in Gateshead, continued fever, 1; typhus fever, 18; enteric fever, 30; and febricula, 9. The total admissions into the Newcastle Fever Hospital, during the five weeks, amounted to 29, 27 typhus fever. In the corresponding period of 1869, 21 cases of typhus fever were admitted; in 1868, 15; in 1867, 36; in 1866, 24; and in 1865, 97.

During the year 1870, 161 cases of continued fever were returned, in Newcastle, with 1 death; 579 cases of typhus fever, with 45 deaths, a per centage of 7·8; 68 cases of enteric fever, with 6 deaths, a per centage of 8·9; 12 cases of relapsing fever, without a death; and 193 cases of febricula, without a death. In Gateshead, 14 cases of continued fever, without a death; 128 cases of typhus fever, with 6 deaths, a per centage of 4·7; 148 cases of enteric fever, with 13 deaths, a per centage of 8·9; and 144 cases of febricula, with 3 deaths.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 60 and 46 ; and in Gateshead, between 33 and 12. In the corresponding period of 1869, the numbers varied, respectively, in Newcastle, between 61 and 38, and in Gateshead, between 19 and 14 ; and in 1868, in Newcastle, between 53 and 27 ; and in Gateshead, between 23 and 12.

Under phthisis, during the five weeks, 66 cases were returned in Newcastle, and 18 in Gateshead. In the corresponding period of 1869, the numbers were 73 and 20 ; and in 1868, 67 and 25.

DEATHS.

The annual rate of mortality ; the total registered, from all causes, in Newcastle ; the number under one year of age and sixty years of age, and upwards ; the number in public and private practice, from all causes and from zymotic diseases ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.								GATESHEAD.
	Annual rate of Mortality.	Registered from all causes.	Under One Year of age.	Sixty Years of age and upwards.	In Public Practice.		In Private Practice.		In Public Practice.
					From all Causes.	From Zymoti Diseases.	From all Causes.	From Zymotic Diseases.	
December 3	19	48	11	6	9	0	39	4	5
December 10	20	51	16	9	11	1	40	5	4
December 17	23	58	14	15	10	5	48	2	6
December 24	25	64	15	10	11	1	53	10	2
December 31	26	66	14	19	10	3	56	5	3

The annual rate of mortality, in Newcastle, has varied from 26 to 19 per annum, to 1,000 persons living, the former being the number for the last, and the latter that for the first week of December. The average of the five weeks is 23, against 26, the

average of the four weeks of November, and 26, the average of the corresponding period of 1869, and 32, of 1868.

The rate of mortality, during the thirteen weeks of the fourth quarter of the year 1870, has averaged 22·5, against 26·5, in the corresponding thirteen weeks of the year 1869, 26·6 in 1868, 29·2 in 1867, and 36·7 in 1866.

The weekly total of the deaths registered, from all causes, in Newcastle, has fluctuated between 66 and 48, the former being the number for the last, and the latter that for the first week of December. In the corresponding period of 1869, the numbers varied between 74 and 57 ; and in 1868, between 80 and 70.

The total of the deaths registered, from all causes, in Newcastle, during the five weeks, amounted to 287, against 324, in the corresponding period of 1869, and 383, of 1868.

Of the 287 individuals who died during December, 70 were under one year of age, and 59 were sixty years of age and upwards, leaving 129 for the years of age intermediate.

From general diseases, dependent upon a morbid condition of the blood, during the five weeks, 10 deaths occurred in the public practice of Newcastle, and 26 in the private ; and 2 in the public practice of Gateshead. In the corresponding period of 1869, 12 deaths occurred in the public practice of Newcastle, from this class of diseases, and 3 in Gateshead ; and in 1868, 11 in Newcastle, and 4 in Gateshead.

From fever, during the five weeks, 16 deaths occurred in Newcastle, 7 in the public practice, and 9 in the private ; and 1 in the public practice of Gateshead.

From phthisis, during the five weeks, 5 deaths took place in the public practice of Newcastle, and 3 in the public practice of Gateshead. In the corresponding period of 1869, the numbers were 6 and 1 ; and in 1868, 10 and 1.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution ; the mean of the temperature of the air of Greenwich ; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
December 3	38·3°	38·9°	0·00
December 10	36·4°	32·5°	1·82
December 17	38·1°	42·8°	0·93
December 24	31·5°	33·0°	1·08
December 31	30·2°	5·7°	0·38

The weekly mean of the temperature of the air of Newcastle, during December, has varied between 38·3° and 30·2°. The highest mean being 2·4° below the highest of the weekly means of the corresponding period of 1869, and 3·9° below the highest of 1868; and the lowest mean being 1·9° below the lowest in the same five weeks of 1869, and 5·3° below the lowest of 1868.

The highest temperature recorded at Newcastle, during the month, was 50·0°, and the lowest 12·0°, a difference of 38·0°.

At Greenwich, the mean temperature has varied between 42·8° and 25·7°, which is, from 2·4° above to 11·7° below the mean temperature of the corresponding weeks in the 50 years (1814-63) as determined by Mr. Glaisher from the thermometrical observations taken at the Royal Observatory.

The total rain-fall, at Newcastle, in December, amounted to 4·21 inches. In November, 2·82 inches fell.

The total rain-fall, at Newcastle, in the year 1870, amounted to 24·98 inches, being 3·79 inches less than the total rain-fall in the year 1869, and 0·69 inches less than the total in the year 1868.

In the first three months of the year 1870, the total rain-fall amounted to 5·27 inches; in the second, to 3·45 inches; in the third, to 5·23 inches; and in the fourth, to 11·03 inches.

The total rain-fall, at Greenwich, in the year 1870, amounted to 18·6 inches, a deficiency of 6·8 inches, as compared with the average fall during the fifty-four previous years.

Hereto, the weekly tables of diseases and deaths are appended.

This report concludes the series for the year 1870, the third year since the plan, for the statistical registration of diseases, as recommended by the British Medical Association, was adopted by the Northumberland and Durham Medical Society, for the towns

of Newcastle-upon-Tyne and Gateshead, and the seventh since the registration of diseases was first commenced by the Society.

In consequence of the expense of the printing, issuing and collecting the returns, and the publication of the reports, the executive of the Society, in the last annual report, deemed it expedient to recommend that the registration of diseases should be discontinued. The recommendation was confirmed by the members. The registration of diseases, therefore, is to be abandoned, the feeling of regret at the procedure only being lessened by the hope that some means will be adopted by the State to carry out the public registration of diseases throughout the kingdom.

In appreciation, also, of what has been accomplished, and as a conclusion to the undertaking, the acknowledgments of your reporter are gratefully tendered to the Society, under whose fostering care the system of registration has been developed and carried on, and to the public medical practitioners of Newcastle and Gateshead, who have so kindly contributed the returns upon which the reports have been based.

The PRESIDENT proposed that the best thanks of the Society be returned to Dr. Philipson, for the great labour and attention he had bestowed on the reports for seven years; and expressed a hope that these valuable statistics would be continued by the State.

This was carried by acclamation.

Dr. PHILIPSON stated that the preparation of the reports had always been a pleasure, and expressed his grateful acknowledgments to the public practitioners for their kindness in furnishing the returns.

Dr. PHILIPSON was also hopeful that the reports might be continued by the Privy Council, or by the Poor Law Board.

PATHOLOGICAL TRAY.

Dr. GIBB exhibited an extensive open cancerous tumour, the size of the fist, removed along with the left mamma from a middle-aged lady, who six months ago had had a small cancerous tumour removed from out of the gland by a surgeon. Dr. Page had placed some of the cancerous mass under the microscope, showing it to be a fine specimen of medullary cancer. The large cells exhibited in a most marked manner three and four young cells growing in their interior,

thus accounting for the rapid extension of this disease. Dr. Gibb remarked that this cutting out of an open cancerous mass, which would be very sure to return, as once affected glands in the axilla were adherent to the ribs and could not be removed, was an almost indefensible operation, and one he had only performed at the request of the patient, with a view to remove a large and foul discharging surface which was rapidly destroying the patient. The mass was entirely seated on the remains of the gland, and was movable over the pectoral muscles, so that the operation was simple and comparatively safe. The case was one proving how improper it is to remove even the smallest cancerous tumour from a breast, without removing the whole of the gland ; as in this case the primary wound would appear never to have closed, and instead of the huge ulcerated cancerous growth at the end of six months, the original tumour, if left alone, might not probably have even yet broken the skin.

The fifth meeting of the Society was held in the Library of the Infirmary, February 9th, 1871. Dr. BURNUP, the President, occupied the chair, and a large number of members were present.

Mr. J. W. Blandford, of Coxhoe, was proposed as a member by Dr. Philipson, Mr. S. W. Broadbent, and Mr. W. H. Newton.

Dr. BURNUP, in the absence of Dr. Philipson's reports, asked if any of the present members would favour the meeting with any remarks upon the prevailing diseases of the neighbourhood, especially as regards small pox, which was extending rapidly in some districts.

Dr. CHARLTON said he had lately been in West Hartlepool, where a few cases existed. In that town vaccination had been found eminently protective. In a family there, attacked by small pox, some of the children, who bore marks of successful vaccination, escaped, whilst others, who appeared to be vaccinated in a less satisfactory manner, became victims to the disease.

Mr. LEONARD ARMSTRONG said that small pox was very prevalent in South Shields, and could clearly be traced to importation. Some sailors had been landed, and taken to a crowded lodging house, with the disease upon them. After lingering for a short

time about that locality, it had now spread to all parts of the town.* Probably between three and four hundred cases had occurred. Vaccination had been greatly neglected. About twenty deaths had been reported in unvaccinated persons. He had heard of one death only after vaccination, and in that case the parents had been told that the vaccination had taken imperfectly. The protective influence of vaccination was as marked in the present epidemic as in others he had seen. He mentioned an instance that had come under his observation some time ago. In a family of six children, three had been vaccinated, and three had not. They were seized with small pox; the vaccinated ones came through easily, one of the others died, one lost his sight, and the third recovered after a very severe illness.

Dr. BYROM BRAMWELL had only met with two cases in North Shields, neither of them being of a severe type. As far as he could ascertain, these cases did not arise from any connection with localities or persons previously infected.

Dr. PAGE said, now that small pox is raging in an epidemic form at Shields, where no precaution seems to be used for the isolation of patients, I should like to bring under the notice of the members of this Society a case to which my attention has very recently been drawn by an article in the *Saturday Review* of December 28th, 1870. Joseph Burdus, a seaman, from the ship H. A. Brightman, belonging to Messrs. Brightman, New Quay, North Shields, suffering from confluent small pox, was sent by train from North Shields, with a certificate from Mr. Coward, of that town, on the 20th December, to the Fever Hospital at Newcastle-upon-Tyne. Burdus came to this Infirmary by mistake, and was directed to the Fever House, where he says he was told by the woman in charge, upon his asking for the doctor, that the house was full, and he had better go to the Seamen's Hospital at Greenwich. Burdus applied to the owners of his ship, who paid his passage to London by the Scotch express. Arrived at King's

* Dr. Denham has kindly furnished Mr. Armstrong with the following particulars concerning the epidemic in South Shields :—"The first case imported was in a mulatto sailor. He was taken to the workhouse, where two women (one died) caught the disease. Some of the workhouse children also took it mildly, the others were re-vaccinated, and this centre seems to have extended no further. It was stamped out by isolation and re-vaccination. Soon after, another sailor, from Rouen, was landed, with the disease. He took up his abode in a house with a number of children, on the Meeting-house bank. The infection spread in this squalid neighbourhood, and eight or ten deaths rapidly occurred. Very shortly after this importation, three more sailors, from Rotterdam, all with the disease, came ashore, and were quartered in a crowded lodging house at the bottom of Holborn. One of these men died. From this centre the disease spread in all directions, and is still extending." Dr. Denham suggests that if vessels with small pox on board had been compelled to ride quarantine, as with cholera and yellow fever, this epidemic would never have occurred.

Cross, the man took a cab to Moorgate Street station, and thence went by train to Greenwich Hospital, whence, being refused admittance, he applied to Dr. Walker, who has charge of the Infirmary at the Poorhouse, at Greenwich. Dr. Walker could not take him in, but fed him and sent him in a special conveyance to the Small Pox Hospital, Holloway, where, finally, the unfortunate fellow was housed, after having travelled nearly 300 miles. To how many people Burdus gave small pox during his passage from North Shields to Holloway it is impossible to say. Within the last month, several other sailors suffering from small pox have applied at this Infirmary, who have come by train, with eruption fully developed, from North Shields. Could not this Society take notice of the occurrence, and make such a representation to the authorities at Newcastle, as would induce them to request the towns in the immediate neighbourhood to provide for their own small pox patients, and thus prevent the very serious risk of the wholesale diffusion of the disease?

Mr. HENRY ARMSTRONG said that at present, he believed, ten cases of small pox existed in the Newcastle Fever Hospital, and that his friend, Mr. Black, had received instructions from the Corporation that they would bear the expense of these and any other cases admitted.

Mr. LUKE ARMSTRONG thought it was not sufficiently known to the general public that all cases of infectious disease were ineligible for admission into the Infirmary. He was of opinion that a circular to that effect should be printed, and extensively circulated.

Mr. DOUGLAS, of Sunderland, remarked that there had been a few cases of small pox in Sunderland, one of which terminated fatally. Some of the cases were from crews of the ships sunk in the Seine. It is thought they did not contract the disease in France, but in the east of London, where they stayed a few days as they returned. He suggested that a committee should be formed from amongst the members of the Society, with a view to advise the Guardians on the best way to carry out the Vaccination Act. Speaking of vaccination, he mentioned some statistics of children examined by Dr. Seaton,* as proving, beyond question,

* Of 52,407 children in the public schools of London, examined by Drs. Seaton and Buchanan, 2,837 had no marks of vaccination; of these 1,010 were marked by small pox. On the other hand, out of 49,570 vaccinated, only 88 bore traces of small pox. Then 94.58 per cent. of the whole number were vaccinated. I have made some calculations on the basis of mortality at the Small-pox Hospital, and with this result:—The 1,010 unvaccinated marked with small pox told of 619 who had died of the disease, so that the original number of unvaccinated children was 3,456. Of these a sixth part had already been destroyed by small pox. On the other hand, the 88 vaccinated, who had had small pox, represented only 10 deaths. The 49,576 vaccinated represented 10,796 lives saved, and had they been as susceptible of small pox as the unvaccinated, no less than 28,453 of

that vaccination not only possessed great power to prevent small pox, but also that it refuted the assertion that small pox had died out naturally. He thought that re-vaccination was quite as important as first vaccination, and that the Society should do something in the way of recommending it.

Mr. G. A. HUTTON (Rifle Brigade) said that cases of small pox were rare in the army ; in his regiment, which was upwards of 900 strong, he had never seen a single case, and during the whole period of his service, which extended over more than seventeen years, and during which time he had been quartered in most of the principal towns and camps of the United Kingdom, he had not seen more than six cases ; this he attributed entirely to the stringent rule which existed in the army, that all recruits should be revaccinated, and he thought it one of the strongest proofs of its protective influence.

Dr. CHARLTON was anxious to know whether the size and number of the marks of vaccination had been found to bear any relation to the protective influence.

Dr. BURNUP had seen lately two cases in which vaccination had been eminently protective, as far as life was concerned ; one was a severe confluent case. He did not believe re-vaccination was necessary, if vaccination had really been successfully performed in infancy.

PATHOLOGICAL TRAY.

Dr. GIBB exhibited an enlarged gland, which he had removed from the upper and front part of the thigh ; no cause, he said, could be attributed for its growth.

Mr. JEAFFRESON exhibited a case of dissecting aneurism of the aorta. The specimen was taken from a lady who, during a fit of vomiting, was seized with alarming symptoms—syncope and cessation of the arterical pulsation in the whole body. After death a small rent was found in the inner coat of the aorta, through which the blood had been driven, separating it from the middle and outer coat for a space of about three inches in the course of the vessel.

them would have contracted the disease, but as only 88 were found with traces of variola, vaccination had prevented 28,365 cases of small pox. These figures are apparently so fabulously large that you may wonder how they are produced, but they are based upon the fact that of every 100 unvaccinated cases under ten years of age in the Small-pox Hospital, 62 recover and 38 die.

The swelling thus formed obliterated almost completely the cavity of the vessel, clearly accounting for the symptoms noticed before death.

Dr. PAGE exhibited a mammary gland, removed for carcinomatous disease, and a specimen of amyloid affection of the liver.

Dr. PAGE also exhibited an ivory peg, which had been used in attempting to cure an ununited fracture ; it had escaped from the wound some months after having been driven into the bone, and its diminished size and irregular surface showed that it had undergone a partial erosion.

CASE OF HEMIPLEGIA, WITH PARTIAL APHASIA.

By D. EMBLETON, M.D.

A. B., aged 86, for fifty-two years married, without children, a short stout person, with a good appetite and little to do, was suddenly seized, in October, 1866, with a first apoplectic attack, which paralysed the right side and rendered speech, for a time, almost impossible ; at the end of three weeks, speech, imperfect and stammering, returned, and she was able, with help, to walk about the house.

A second attack occurred on the 2nd of April, 1867, when the same side became completely paralytic, and speech was, for a time, abolished. She was freely purged, and cold water was applied to the head. *Liquor ammoniæ acetatis*, with small doses of antimonial wine was given, followed by free diaphoresis, diuresis, and relief.

At the beginning of May the general health was greatly restored, but the right side remained quite paralysed, and speech only partially returned. This was, indeed, found to be limited to the following fragments or scraps of sentences, viz. :—"And you know everything ;" "And the son knows it ;" "I cannot tell ;" "Aye, aye !" One or other of these she always uttered when spoken to, or directly questioned. She used to call her niece, who attended upon her, "the son," and her husband the same.

She generally seemed quite to understand what was said to her, negating by shaking, and assenting by nodding her head, but could not, in endeavouring to express her meanings by speech, get beyond one or other of the broken expressions just named, or parts of them. The exclamation, "Aye, aye !" with intonation varying according to the external occasion presenting itself, or to her own emotions, was by far the most common utterance, either as an independent effort at speech, or as an answer to a question or observation. She never attempted to read or to write, and was a person of little edu-

cation. She was easily moved to tears if her own state or that of her husband, who was infirm and ill, was noticed compassionately in conversation ; at other times, she was irritable and angry, if contradicted, or if attempts were made to restrict her in food or drink. Her appetite became excellent ; she ate heartily, and relished her wine—sherry—of which she had daily at least two glasses. The bowels became regular, and the urine free ; the power of retaining the water was however wanting, so that it was commonly passed in bed, and had a strong ammoniacal odour, which was kept under as far as possible by continued and assiduous care.

She was much troubled by the death of her husband, on the 3rd of Dec., 1867, and on the 5th of Jan., 1868, there occurred an aggravation of her symptoms—pain of the head and giddiness ; she was less able than before to assist herself, and frequently shed tears. The bromide of potassium now acted very beneficially in restraining vascular excitement within the head, and in a very few weeks her previous condition was re-established, and in this she remained with little change until

July 18, 1868. At this date, having become stouter, and being unwilling to submit to restrictions in diet, another seizure took place, and paralysis of the left side was added to that of the right, and although respiration, circulation, and digestion went on, an unfavourable prognosis was necessitated. After a few days, however, the paralytic condition of the left side gradually passed away, and by degrees she once more rallied—the right leg and arm remaining powerless ; the fingers and thumb bent in upon the palm ; the wrist and elbow flexed ; and the muscles of the arm rigidly contracted. Passive motion of the right extremities had long been recommended and partially carried out from time to time, but being much resisted by the patient, could not be persisted in.

For a while after this attack, her speech was better than it had been for some time before, and she would occasionally say, in addition to the expressions already noted, “Is there nothing ;” “Dear me !” “It’s a queer thing ;” “I cannot tell ;” but it afterwards relapsed into its former imperfection.

Both before and after this attack she was in the habit of being dressed, and of sitting up at the window to observe what was passing ; at times she received her friends—was pleased and interested in them, and in being read to ; on the whole she was quiet and even passive, except when stimulated by hunger, or in any way crossed ; she then became more brisk—even angry and passionate ; but, usually getting her own way, was easily tranquillised. Occasionally she had pain of the head with vertigo, when she usually put her left hand to her forehead, and was more helpless than usual. Occasional purges, and doses of bromide of potassium, were exhibited with benefit.

After the 26th October, 1868, she kept to her bed, declining slowly in health and strength, her appetite diminishing, her bowels acting less regularly and freely, but the ammoniacal odour of the urine disappeared. The mind was clear, and she could take pleasure in what was said and read to her, and so she went on till the middle of February, 1869. At about that time she became indifferent and irritable by turns, and, at three weeks before death, lay for some days in a state of stupor, muttering indistinctly and incoherently; had ptosis of the right upper eyelid, and puffing of the cheeks in expiration; but a week later she greatly improved, her speech became distinct, and she pronounced "Aye aye," and "Well then, but"—quite clearly; she had increased sensibility, hearing and seeing more sharply than usual. She was regularly fed, and the bowels were kept open; the appetite, however, gradually failed, and her strength with it. About five minutes before death she said distinctly "Oh dear!" had tremors of the head, and her eyes were turned convulsively upwards. She died without further struggle on the afternoon of *March 13th*, 1869, about three and a half years from the first seizure.

An examination of the head was made on the 14th. Present: Dr. Arnison, Mr. W. A. I'Anson, and self.

The body was much shrunken in size, but there was still a good deal of fat remaining

The calvarium, for the age of 86 years, was thick and dense, more particularly at the upper frontal region, and was detached with some difficulty. On removing the dura mater the whole surface of the brain was found much injected, the organ itself being of unusually small size, the left being notably smaller than the right hemisphere.

On taking out the brain, from eight to ten ounces of bloody serum escaped. The right hemisphere appeared to be in a pretty healthy state, except as regards the congestion which it shared with the left; it was examined closely and sliced in all directions, but no trace of hæmorrhage, softening, or other morbid change was discovered.

Diseased parts existed only in the left hemisphere, which was then removed, together with the medulla oblongata, and placed in spirit.

It was evident from superficial examination of it that a considerable portion of the upper frontal and the parietal regions was seriously disorganised, being felt to be soft and pulpy under the membranes.

The further examination of the hemisphere was, from various causes, not undertaken till Nov. 7, 1870. It was then perfectly well preserved and hardened, and had not been meddled with in the interval.

It was much contracted by the action of the spirit, and the part which had before felt soft and pulpy felt so no longer. The colour was more dusky than before, and the diseased parts were of a darker hue than the rest.

On stripping off carefully the arachnoid and pia mater they were found to come away in the usual dry crisp manner from the whole of the surface that appeared sound and of healthy consistence. From the softened or diseased parts it could not be detached without bringing away with it a thin layer of the cortical grey matter, so that, even at the distance of time during which the hemisphere had lain in spirit, viz., 20 months, the normal could easily be distinguished from the softened tissue, the surface of the latter appearing rough, and as if torn, as well as of a darker colour. All the convolutions could be very well made out, even in the softened region. The diseased part lay in front of, above, and within the Sylvian fissure; it extended upwards by the margins of the fissure of Rolando to the vertex, and then dipped downwards for a short space on the inner surface of the hemisphere.

The membranes having been carefully removed, and a more minute description having been drawn out of the appearances, the accompanying photographic view was taken by Mr. Downey, of Eldon Square.

A considerable part of the external surface of the hemisphere, as may be seen on the photograph, is shrivelled and atrophied.

Frontal Lobe.—First or uppermost convolution; superior layer to all appearance normal; inferior layer a good deal softened all over, except at its lowest anterior part where it runs into a part of the next gyrus below, and which is much less affected.

Second convolution, similarly diseased, the posterior parts being more softened than the anterior.

Third convolution, less damaged than the first and second, but in it, as in the others, the posterior part has suffered more than the anterior; its form, however, is better preserved than that of the others; on the whole, the parts of the gyri bordering on or near to the fissure of Sylvius are all more diseased than those portions which lie towards the front of this region, and the upper more than the lower gyri.

Parietal Lobe.—First ascending convolution. This is long, flexuous, much attenuated, and very soft, forming part of the upper margin of the fissure of Sylvius, and higher up of the anterior margin of the fissure of Rolando.

The second ascending convolution, forming the posterior margin of the last named fissure, is little contorted, but very much softened, very thin, and dark in colour.

Third ascending convolution, and that which appears to correspond to the *pli courbe* of Gratiolet and his "human lobe" behind

it, with its convolutions, are all attenuated, softened, and dingy-looking; the lower parts of these gyri overhang the upper posterior parts of the fissure of Sylvius, and dip deeply into that fissure, four of them like thin folds then run forward within the fissure and join the inner surface of the middle lobe, *i.e.*, of the inferior marginal convolution opposite to the commencement of the fissure of Rolando.

These folds are thin, soft, and flabby, and so also are those of the central lobe or Island of Reil. It is difficult to raise any of these with the handle of a scalpel.

The posterior parts of *the parietal lobe, and the occipital lobe especially*, appear to have suffered little or not at all in comparison with the other parts.

The spheno-temporal or middle lobe, externally, presents little deterioration, but its surface, forming the external wall of the Sylvian fissure, is a good deal softened.

The inner surface of the hemisphere is intact, with the exception of a small portion near the vertex and close to the upper termination of Rolando's fissure.

The blood-vessels of the exterior were not anywhere found in a diseased state.

The cavity of the *lateral ventricle* was opened throughout; the whole of its surface appeared natural, but the ventricle looked dilated—too large, as if it had been over-distended for some time; imbedded in the surface of the choroid plexus is a yellowish, rounded, and rather soft body, like a tubercle, and of the size of a large pin's head.

All the parts on the floor of the ventricle are quite clearly seen, as well as the corpora quadrigemina.

A section of the hemisphere was then carried from without inwards, following the line of the fissure of Rolando, and passing into the lateral ventricle and the substance of the optic thalamus.

The softening of the surface does not appear to extend much beyond the grey matter of the exterior, but it is very decided.

The optic thalamus, the corpus striatum, and the corpora quadrigemina were freely incised; they present, however, no trace of clot or other evidence of hæmorrhage into them, and they are much harder than the hemisphere itself.

The morbid action in this case appears to have been confined to the softening of the external parts enumerated, plus the general vascularity of the brain, and the effusion of bloody serum within and without the brain.

It is, however, rare to find such a paralysis as existed here during life unaccompanied by injury of the great central ganglia, such as effusion of blood would cause, and owing only to surface softening of a hemisphere, and effusion of serum. It is well known

that severe injury to one or both hemispheres may be sustained without any paralysis whatever ensuing,

Possibly, however, the softening and the effusion together may be enough to account for the paralysis of the right side, and a sudden increase of the effusion during the seizure on July 18, 1868, may explain the occurrence of double paralysis at that time. No other cause, though carefully sought for, was discovered.

The external parts most softened were those within and above the fissure of Silvius, and on each side of the fissure of Rolando ; the middle and posterior parts of all the frontal convolutions were also softened, though in a less degree, and the third frontal had suffered less—had retained its form better—than either the first or second, but still it was notably damaged, and a film of its surface came away with the arachnoid and pia mater.

If the faculty of speech be the function of the third left frontal convolution, then we should have expected that faculty, in this case, to have been greatly impaired, if not abolished, and we have seen how imperfect was the range of speech during life.

But, considering the great superficial extent of the softening of the hemisphere, where do we find, in the *modus vivendi* of the patient, manifestations corresponding, except during the last four or five weeks of existence ?

Before that time she did not differ, except as to her imperfect vocabulary, in any notable mental peculiarity, from the ordinary run of hemiplegic patients.

We want to know yet whether the faculty of speech resides at all in the third left frontal convolution, since cases of aphasia are on record in which it was not found diseased at all ; and if it does, whether it resides there exclusively or occupies as well some of the neighbouring convolutions, as the other frontal ones, or the first ascending gyrus, or the convolutions of the central lobe.

This case seemed at first to be likely to throw some light on the *questio vexata* of the seat of the speech faculty, but disappointment is what we ought frequently to expect, for we often meet with it in our researches. At the most it gives a partial support to the theory of Broca. The study of the case has been very interesting, and it is hoped that the account of it may not be altogether devoid of interest to the Society, and may tend to draw the attention of members to the importance of carefully observing and noting such cases during life, and of endeavouring to obtain and to execute, with care and minuteness, the requisite *post mortem* examination.

Dr. EASTWOOD wished to make a few remarks on the concluding part of Dr. Embleton's interesting paper, with reference to aphasia. The case affords only doubtful evidence in support of M. Broca's theory, and so many cases have been collected by Dr. Bateman, of

Norwich, and other observers, that the theory of the organ of language being in the third convolution may be fairly set aside. One or two positive cases of disease without loss of the power of speech, are sufficient to upset the views which have been ably advocated not without some show of reason.

MR. JEAFFRESON said that in the course of his experience during the present war he had seen a case which, as far as it went, strongly supported Broca's theory. He thought the case of value, because from its nature it resembled a direct physiological experiment. A French soldier received from a German cuirassier a blow from a sabre. The wound, which was clean cut, divided the bones of the skull, the membranes of the brain, and the cerebral substance itself, separating, as far as could be ascertained, the left anterior cerebral lobe almost entirely from the rest of the cerebrum. From that moment the man, though entirely without other cerebral symptoms, lost the entire power of language, the only sounds to which he could give utterance being moans and cries.

CURIOSITIES IN WOMB PRACTICE.

CASES OF ALLEGED DISPLACEMENT OF THE UTERUS, WITH REMARKS.

By C. J. GIBB, M.D.

MR. PRESIDENT,—I would not have promised to lay before you the present cases, had I not felt ashamed to see in the circular calling the January meeting that, with the exception of Dr. Philipson's valuable report, no member had a pathological specimen, or even a paper to communicate to the meeting. It happened that two of the following cases had consulted me that morning, and the subject being one of great interest, although somewhat out of my line, I thought you would excuse me, under the circumstances, attempting to draw the attention of the Society to the subject. Three of the five cases have come under my notice during the last month.

FIRST CASE.

A married woman, aged 25, who had had her third child two years ago, consulted me as to the propriety of submitting to the performance of two operations, to set straight, as she said, her

twisted womb. She complained of pain under the left ribs, of flatulence, nervous palpitation, a general depression of spirits. She had had all these symptoms, at intervals, even before her marriage, and had enjoyed very fair health since her last confinement, until her old symptoms relapsed a few weeks ago. She then consulted a surgeon in her town, whom I know to be emulous of uterine renown. Her complaint proved obstinate in his hands, and a few days before she visited me he startled her by proposing to perform two operations for the cure of her twisted womb. The word operation being rather formidable in her eyes, she came to Newcastle for further advice.

I examined her very carefully, and from her foul tongue, flatulent and distended stomach, pain under left ribs, and other symptoms, found her suffering from aggravated dyspepsia, dependant very much upon chronic gastritis. Of womb disorder or displacement there was not a trace. The uterine sound passed up a healthy uterus, in its proper axis, and there was no uterine or ovarian tenderness, nor a trace of any leucorrhœa, or of any sexual disorder.

SECOND CASE.

Two years ago, a married gentleman consulted me for a chancre. A few weeks afterwards he brought his wife, suffering from a large sloughing chancre on the swollen mouth of the uterus. She was kept in ignorance of its syphilitic character, and underwent a three months' course of treatment before she quite recovered, the disease proving unusually severe, and destroying part of the os. She was a feeble, œnemic subject, and during the succeeding year called upon me on three or four occasions, complaining of slight leucorrhœal discharge, fullness in the womb, and general debility. Her symptoms were very slight, but she had a nervous dread of a relapse of the ulceration. A zinc injection, cold douche, and tonics internally, always quickly braced up and cured the local and general symptoms of debility, and I lost sight of her for some months. Meeting her casually one day, I asked her how she was. She then told me, that shortly after her last visit to me, some of her friends had persuaded her to consult a celebrated womb doctor, who examined her by the speculum in the same manner as I had been accustomed to do, and told her that *her womb was upside down*, that she had had three painful operations performed by him upon her to place the womb straight, and was at that time wearing a pessary to keep the womb in its proper place. I was, of course, in disgrace.

I had examined this lady with the speculum up to a fortnight before she consulted the specialist, and feeling curious as to how far the cicatrized chancre had occluded the os and cavity of the uterus, had frequently passed up the uterine sound, so that I could not have failed to detect any displacement of the womb, had such existed.

She was, besides, the mother of a numerous family, and had never suffered from any uterine disorder until she contracted the chancre, and, as I am frequently in the habit of using the speculum in my consulting rooms as often as half a dozen, or more times a day on some occasions, I do not see how I could have made the mistake of overlooking a womb turned upside down.

THIRD CASE.

A lady, aged 31, only married four months, consulted me, having missed three menstrual periods. I found she had been ill two years before, during four or five weeks, of symptoms of dysentery, having passed bloody mucus from the rectum for several days. *She had never experienced any illness before that attack or since.* She was frequently examined for vaginam during the attack of dysentery by her medical attendant, a famous uterine physician, and was told by him that the weight and the painful bearing down symptoms were caused by retroversion of her womb, and that if she married she would most probably never bear children.

I found on examination she was pregnant, that the uterus was in its right place, and to all appearance there had never been the least previous displacement. She expressed her astonishment that she should so quickly have fallen pregnant after she had been so authoritatively told she would most probably never be pregnant. She was a most intelligent lady, and as a result of my enquiries into the symptoms of her former complaint, I was surprised at the amount of knowledge she possessed of the various forms of uterine displacement. Indeed, I found that although unmarried at the time of her former illness, she had been regularly coached up in uterine pathology, and was more especially learned in displacements. She was a stranger to me, and I can only hope that she had not been deceived in more than one respect, and that she was really married. At any rate, I have no hesitation in affirming that she had never had retroversion of the womb, but a simple attack of chronic dysentery.

FOURTH CASE.

A married lady, living in a neighbouring town, aged 34, who had been confined of her first child a year before, called upon me six months afterwards suffering from slight catarrh and general debility, along with some of the usual nervous symptoms that accompany anemia. She made at that time no complaint of her womb, and I of course made no examination of it. I prescribed some chalybeate tonics, and she quickly recovered. Three months afterwards a purulent vaginal discharge appeared, with weight in the uterine region. She consulted a surgeon in her town, who used the speculum, and declared *her womb was out of its place*, and had

been so ever since her confinement. He forthwith pursued the usual treatment in such cases. At the end of two months, however, she became covered with a skin eruption, and got ulcerated throat and vulva. Not recovering, she became alarmed, took train, and consulted me again.

I found that she had secondary chancres, sore throat, and eruption, but not the least trace of any displacement of the womb, past or present. In relating her case to me, she expressed, in strong terms, her astonishment that I should have neglected to examine her womb on the former occasion, and had thus overlooked the displacement; and, although she became convinced that her present sexual ailment was venereal, she firmly believed that her womb had also been displaced, and that the specialist had put it right.

To the female mind displacement of the womb is so natural and ready an explanation of the ills that follow childbearing, and so easily do they credit the assertion that one or two applications of the uterine sound or pessary has put it straight again, that any attempt to prove there has been no displacement, is generally vain.

FIFTH CASE.

I was consulted by a married woman, aged 24, for pain, bearing down, and feeling of fullness in the uterine region, with faintings, debility, and the numerous other symptoms that denote uterine irritation and inflammation. She had been confined a year before of her first child. Puerperal inflammation followed in so severe a form that her ordinary medical attendant sought the assistance of one of our most eminent local physicians. The puerperal attack was succeeded by abiding symptoms of uterine disorder, similar to those for which she consulted me. After some months, she removed to London, where she consulted an eminent uterine specialist. He pronounced her to have displacement of the womb, and after a prolonged rest and treatment she felt considerably relieved, and returned home. She was, however, still unable to bear the embrace of her husband, on account of the pain, and two or three weeks before she consulted me, the old symptoms had returned in all their intensity.

On examination, I found the uterus enlarged from chronic metritis to nearly thrice its ordinary size, the neck unfolded, and the os of scarlet redness, the uterus being almost as globular as an orange, excessively painful to touch, and discharging from its interior large quantities of catarrhal mucus, almost as clear and consistent as white of egg. The raw red opening of the os was covered with purulent matter, and the uterine sound passed up readily in the proper axis, showing the case to be one of inflammation, unconnected altogether with displacement.

In this case, the London physician, after putting the womb right with the sound, had introduced a pessary to keep the womb

straight, as she termed it, but it caused such intense pain and irritation after it had been there a day, that he had to remove it altogether. She spoke to me in the most disparaging terms of the local medical attendant and physicians, for having so grossly overlooked the displacement of her womb, that I could not help feeling highly indignant their reputation should suffer such unmerited injury from the reckless statements of the specialist, whose crotchety mind could probably see little else but displacements to correct, in the most ordinary diseases of the organ.

REMARKS.

When reviewing such cases as I have selected, and recalling the experience of my past life, the idea has often forcibly struck me, that in uterine complaints, as in general pathology, there exists a tendency to the prevalence of what may be called a fashion in disease. In my younger days, when so long resident in this Infirmary, although there was a considerable amount of uterine practice, under the treatment of the most experienced men of the district, I do not remember that uterine displacements were considered to be the ills that most afflicted women. I still recognise in the Institution some of the ancient, and now no longer used pessaries, with which we used to struggle against bad cases of prolapsus. Ulcerations of the womb came decidedly into note some years afterwards, but now there is nothing but displacements talked of, by many specialists, although it is true that all are not afflicted with this fashionable mania.

I think I have fairly proved that many of such alleged cases have, to say the least, been wrongfully diagnosed as such. The injury to the patient, as well as to the ordinary practitioner, that such hasty and reckless statements inflict, require no description from me, for, if I may believe what I hear, there are but few of us who have not experienced considerable vexation from such cases.

Turning, however, from the spurious, to the consideration of the real cases of flexion of the uterus, excluding, of course, common prolapsus, I was much struck with a discussion on this subject in the Midwifery department of the late meeting of the British Medical Association, provoked by a paper of Dr. Bennett's. His opinion was, that the great majority of real displacements were simply the results of inflammation or other diseases of the pelvic contents, and that, generally speaking, they did not require special mechanical treatment, as they were but the result of a disease, which needed removal by other curative means, whilst purely mechanical treatment most frequently aggravated the original malady. I think that most unprejudiced practitioners conversant with uterine diseases will readily endorse this opinion; and the

last case I have related shows how injurious a pessary may prove in cases of painfully enlarged womb. It requires a clear, unprejudiced mind to appreciate such cases, so as to avoid rushing at one only of the effects of a disease, and in the too often vain attempt to put it straight, aggravate, or permanently injure, the unfortunate patient.

As there can be no doubt that comparatively few men, after the wear and tear of life, can boast of a faultless body in all its parts, so, likewise, is there frequently great variation in the normal or acquired form or position of the very mobile internal sexual organs of women, without any morbid symptoms resulting therefrom. Indeed, I have heard some excellent practical accoucheurs say, that crooked wombs are very common in those who make no complaint whatever. If we are to believe the statements of some patients, a twist of the specialist's sound has sometimes rectified a long overlooked twist of the womb. Such tales recall to my memory the boasted achievements of the magician's wand, or the magic touch of the bone-setter's art. I cannot say that this speedy rectification of uterine twists accords with my experience, even when the sound and pessary have been used under the guidance of the respected leaders of the obstetric art. My own experience would incline me, as a rule, to avoid mechanical treatment, except in those acute forms sometimes following confinements, or such as are attended with prolapsus of the organ. In them, there can be, I am sure, no dispute as to the great relief frequently experienced by judicious mechanical treatment and contrivances.

The world has been accustomed to see, and to smile, at the blindness which often prevents a specialist from finding any other ailment in a consultant, than in his favourite organ. Let us hope that it may have been only this form of amiable blindness which afflicted the gentlemen connected with the cases I have enumerated.

In conclusion, for I fear I have fatigued you, there is one thing I think a specialist should do in such cases. Having mentioned the word displacement, he ought also to be particular to explain, that although the ordinary medical attendant may not have said there was displacement, yet he must have been aware of its existence, as the displacement is generally only one of the symptoms of the disease of the womb afflicting the patient. In disease of the hip joint, with resulting dislocation on to the ilium, a consulting surgeon would never dismiss the patient, under the idea that his ordinary medical attendant had overlooked the dislocation, or that it was simply a dislocation of the hip joint.

Dr. CHARLTON remarked that quite recently two ladies from the country came to consult him,—one was suffering from heart disease,

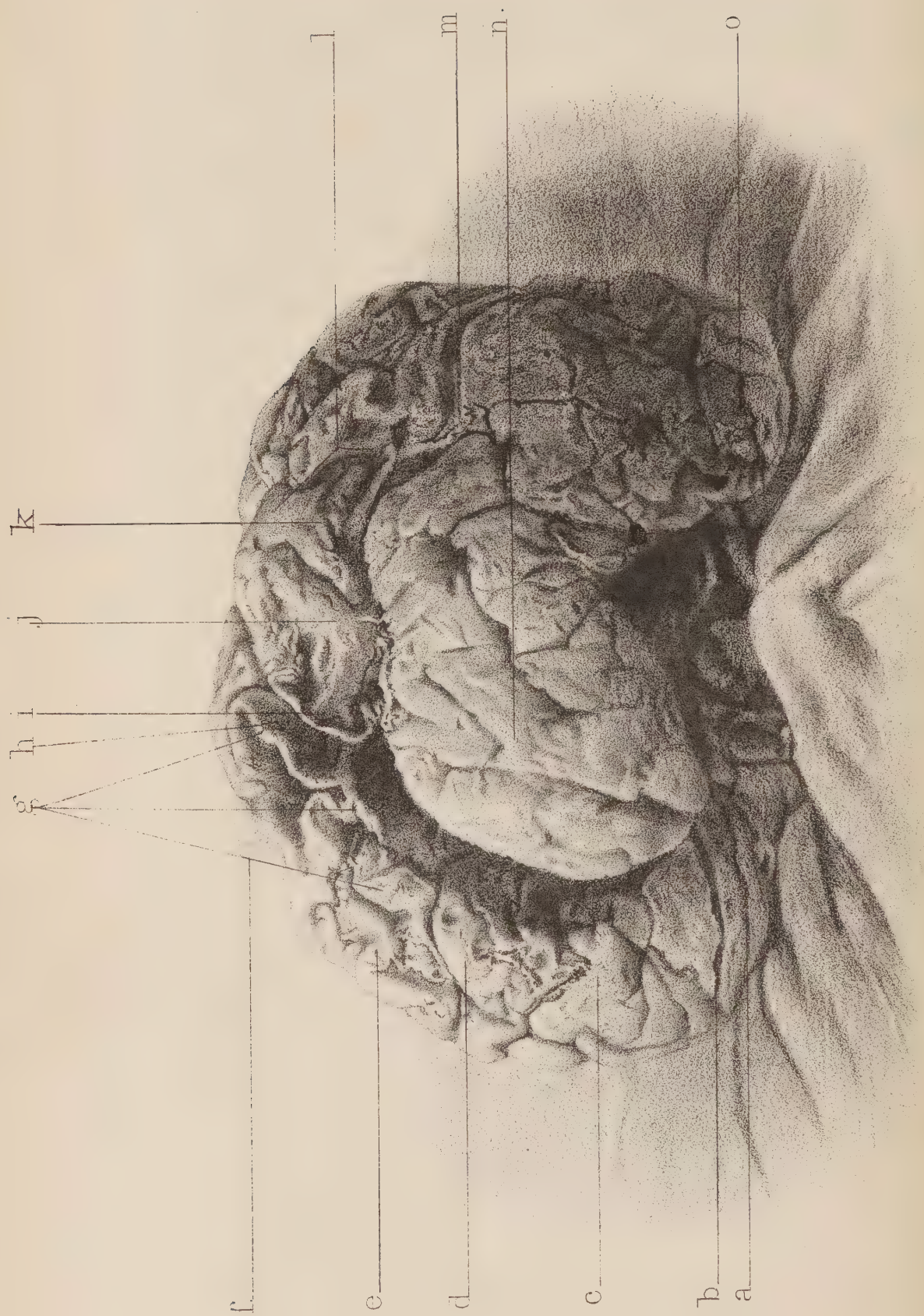
the other from aggravated dyspepsia. They both subsequently went to consult a specialist in the town, and returned home each supplied with a pessary.

Dr. ARNISON said it was well known that when a patient went to a bonesetter—if there was nothing amiss—the bonesetter could always find a “guide off.” In the same way, when a woman with some real or imaginary illness went to a wombsetter, he could always find the womb displaced; it appeared to be generally safe practice, for the opinion for obvious reasons was not likely to be submitted to the opinion of others. By the use of the term, wombsetter, the speaker intended to draw a very broad line of distinction between the setter of wombs which had never been displaced, and the scientific and honourable gynæcologist.

Mr. RIDLEY thought no comparison could be drawn between bonesetters, who were ignorant and uneducated men, and specialists in uterine diseases, who were, to say the least, fully qualified as medical practitioners.

Mr. DOUGLAS had met with two cases in which a wrong diagnosis had been made by a “wombsetter,” the same he fancied as Dr. Gibb referred to in his paper. In the first case, the lady was told she had a tumour in the womb as large as an orange; this lady subsequently saw Sir J. Simpson, who found her perfectly healthy. The second lady, being pregnant, was said to have a tumour in addition, but she had subsequently a very easy labour. In this case there was no tumour, and after her confinement she gained her health rapidly.

Dr. GIBSON remarked that cases like those reported by Dr. Gibb were not uncommon. Such cases had often fallen under his own observation. The diseases of the sexual organs of women afforded a fine field for the charlatan, and doubtless yielded a rich harvest in its way. Nevertheless it should be recognised, on the other hand, that these diseases frequently demanded for their detection and successful treatment an amount of observation and of study which could hardly be given to them by medical practitioners generally. It should be recognised further that the persistent employment of medicines for the removal of conditions which were the effects of undetected local causes was a manifestation of quackery which was scarcely less mischievous than that which had been exposed in the papers just read. In point of fact, suffering humanity was only safe when its search for relief was made among honourable men—men in whom the well-being of the sufferer was always the first and the chief consideration.



LEFT HEMISPHERE IN RIGHT HEMIPLEGIA WITH PARTIAL APHASIA.

DESCRIPTION OF PLATE.



- a* Median fissure.
- b* Olfactory sulcus.
- c* 3rd frontal convolution.
- d* 2nd frontal convolution.
- e* Lower layer of 1st frontal convolution.
- f* Upper layer of 1st frontal convolution.
- g* 1st ascending convolution.
- h* Fissure of Rolando.
- i* 2nd ascending convolution.
- j* 3rd ascending convolution.
- k* Pli courbe of Gratiolet.
- l* "Human lobe" of Gratiolet.
- m* Fissure of Sylvius prolonged into the parietal lobe.
- n* Spheno-parietal lobe.
- o* Occipital lobe.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No 48.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 3rd DAY OF DECEMBER, 1870.

DISEASES.	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		PUBLIC INSTITUTIONS.			TOTAL.						
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.				Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.					
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.						Out-Patients.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	1	...	...	...	1	1	Small-Pox.....	...	...
Measles.....	4	...	...	...	...	1	...	...	...	...	...	...	...	5	2	...	...	...	...	...	7	Measles.....	...	...
Scarlet Fever	1	...	...	...	...	...	...	...	1	9	...	...	...	...	...	...	Scarlet Fever....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	...	...	...	4	Hooping Cough.....	...	...
Croup	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhoea	1	3	...	...	4	11	...	...	...	...	...	1	Diarrhoea.....	...	...
Dysentery.....	1	...	...	1	2	...	...	...	...	...	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas	1	...	...	...	...	...	...	...	...	...	...	...	...	1	5	...	...	...	...	...	...	Erysipelas .....	...	...
Continued Fever.....	2	...	...	...	...	3	...	...	...	...	...	...	...	5	1	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	1a	1a	7	...	7	4	1	...	21	8	3	...	3	1	Typhus
Enteric or Typhoid...	2	...	3	...	4	...	7	1	Enteric or Typhoid....
Relapsing	Relapsing .....	...	...
Febricula	5	...	1	...	...	...	...	1	...	...	...	...	...	1	1	9	12	...	...	3	...	...	3	...	Febricula ..	...	...
Ague.....	Ague .....	...	...
Rheumatic Fever.....	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	4	4	1	...	...	...	1	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	...	...	1	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	2	5	3	...	2	4	3	1	2	3	4	...	5	...	3	3	2	3	45	50	2	2	5	...	3	12	15	Bronchitis and Catarrh..	2	1
Influenza	Influenza .....	...	...
Pleurisy and Pneumonia	10	2	...	...	...	2	1	Pleurisy and Pneumonia	...	...
Phthisis	2	...	1	1	...	1	3	1	9	14	1	...	1	...	1	3	5	Phthisis.....	2	1
Constitutional Syphilis.	2	...	...	...	...	...	6	...	1	1	...	...	10	16	...	1	...	...	1	...	Constitutional Syphilis..	...	...
All other Diseases	3	3	5	20	3	5	...	22	8	4	2	6	4	20	...	38	19	6	12	180	181	12	6	11	...	18	47	47	All other Diseases.....	5	3
Accidents	22	9	1	1	33	37	..	1	13	14	4	Accidents
TOTAL.....	4	8	17	28	10	10	15	50	18	6	8	16	5	34	4	43	29	11	16	332	366	17	16	33	7	22	95	87	TOTAL.....	9	5

a, Sent to Newcastle Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.

7 Mr. JON. DALGLEISH.

8 Dr. F. PAGE.

9 Dr. F. PAGE.

10 Mr. H. E. ARMSTRONG,
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. G. SMITH.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 10th DAY OF DECEMBER, 1870.

DISEASES.	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.			Workhouse.	TOTAL.		
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.					For the Week.	Corresponding Week last Year.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
Small-Pox	1	...	...	...	...	1	...	Small-Pox.....	...	...
Measles.	1	..	...	...	...	1	..	...	...	...	1	..	...	...	...	...	...	3	10	...	...	...	...	1	...	Measles.....	...	...
Scarlet Fever	1	3	...	...	...	...	...	...	...	4	8	...	...	...	...	3	...	Scarlet Fever....	...	...
Diphtheria	Diphtheria .....	...	...
Hooping Cough	3	...	...	...	...	...	1	...	...	...	4	16	...	...	...	...	4	...	Hooping Cough.....	...	...
Croup	1	...	...	...	...	...	1	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhœa	1	...	1	3	...	...	5	8	...	...	...	...	1	...	Diarrhœa.....	...	...
Dysentery.....	4	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	Erysipelas .....	...	...
Continued Fever.....	1	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	4	...	1	...	...	...	1	...	1	1	...	8	...	...	...	...	16	8	...	...	8	...	8	4	Typhus	1	...		
Enteric or Typhoid...	1	...	2	2	7	...	11	...	Enteric or Typhoid....	...	1	
Relapsing	Relapsing .....	...	...
Febricula	2	1	1	...	...	...	1	...	...	1	...	...	1	...	...	7	12	...	...	...	...	...	1	Febricula ..	...	...
Ague.....	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	...	1	...	...	...	...	...	...	...	...	2	...	..	...	...	1	...	...	4	6	...	...	...	...	...	1	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	4	8	2	...	1	3	2	...	4	...	4	2	6	1	2	6	1	2	49	47	2	1	8	...	2	13	18	Bronchitis and Catarrh..	2	...
Influenza ..	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	1	...	2	10	...	1	...	...	1	1	Pleurisy aud Pneumonia	1	...		
Phthisis	1	1	1	...	1	2	1	...	6	3	16	13	...	2	2	...	4	2	Phthisis.....	1	1	
Constitutional Syphilis.	3	...	...	...	...	...	1	...	...	7	...	...	4	1	1	17	11	...	...	1	...	1	2	Constitutional Syphilis..	1	...		
All other Diseases	5	5	1	2	3	5	...	11	5	1	3	2	...	30	...	20a	26	7	12	138	180	12	6	22	...	15	55	62	All other Diseases.....	5	2
Accidents	1	1	25	9	...	1	1	38	42	..	2	14	16	13	Accidents	
TOTAL.....	8	13	14	10	5	8	4	40	15	9	9	14	4	53	9	24	44	10	15	308	383	15	14	49	15	17	110	113	TOTAL.....	11	4

a, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM,
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
9 Dr. F. PAGE.
10 Mr. H. E. ARMSTRONG,

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. G. SMITH.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 17th DAY OF DECEMBER, 1870.

DISEASES.	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle	Gateshead.
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																		Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.			
Small-Pox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles. ....	...	...	..	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	16	Measles.....	...	...
Scarlet Fever .....	...	...	...	1	...	...	3	...	...	1	1	...	...	...	...	...	...	...	...	6	9	...	...	1	..	...	1	2	Scarlet Fever....	...	...
Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Diphtheria .....	...	...
Hooping Cough .....	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	3	10	...	...	...	...	...	...	4	Hooping Cough.....	1	...
Croup .....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhœa .....	...	1	...	2	...	...	...	...	...	...	...	...	...	1	...	...	4	...	...	8	4	...	...	...	...	...	...	...	Diarrhœa.....	...	...
Dysentery.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	1	Dysentery .....	...	...
Asiatic Cholera .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Asiatic Cholera.....	...	...
Erysipelas.....	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	Erysipelas .....	...	...
Continued Fever.....	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	...	...	3	4	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	14	9	...	...	...	...	...	...	6	Typhus	4	...
Enteric or Typhoid...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	5	...	...	...	5	1	Enteric or Typhoid....	...	...
Relapsing .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Relapsing .....	...	...
Febricula	1	3	...	5	...	...	...	...	...	...	1	...	...	...	...	2	2	1	15	11	...	4	...	...	...	4	3	Febricula .....	...	...
Ague.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Ague .....	...	...
Rheumatic Fever.....	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	1	...	2	...	3	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	4	1	...	...	4	3	1	...	4	2	4	...	6	...	...	6	3	2	41	48	...	2	4	...	5	11	16	Bronchitis and Catarrh..	...	...
Influenza .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	1	1	2	Pleurisy and Pneumonia	...	...
Phthisis	1	2	1	..	2	...	...	1	...	1	...	1	1	3	...	...	4	...	...	17	21	...	1	1	...	1	3	10	Phthisis.....	...	1
Constitutional Syphilis.	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	1	2	...	...	6	10	...	...	1	...	...	1	...	Constitutional Syphilis..	...	...
All other Diseases	2	5	5	7	1	7	...	13	3	9	1	6	3	16	...	17a	16	7	8	126	155	15	10	24	...	16	65	61	All other Diseases.....	5	5
Accidents	1	...	1	2	...	...	...	2	36	1	...	1	...	...	...	...	...	...	...	44	53	..	1	17	...	...	18	3	Accidents .....	...	...
TOTAL.....	6	17	11	24	3	11	8	19	39	17	6	13	5	27	7	18	34	12	11	288	350	16	23	51	0	23	113	125	TOTAL.....	10	6

a, 1 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

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8 Dr. F. PAGE.
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20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 24th DAY OF DECEMBER, 1870.

DISEASES.	NEWCASTLE.																			GATESHEAD.							DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

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20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead. [No. 52.]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 31st DAY OF DECEMBER, 1870.

DISEASES.	NEWCASTLE.																				GATESHEAD.						DEATHS.							
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.													TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.					
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.						
								8	9	10	11	12	13	14						Out-Patients.	Fever Hospital.								Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.							
Small-Pox.....	1	...	...	2	...	3	...	Small-Pox.....	...	...		
Measles.....	4	...	...	...	...	...	4	...	Measles.....	...	...	
Scarlet Fever.....	2	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	4	3	...	...	...	...	...	...	...	Scarlet Fever.....	...	...	
Diphtheria.....	Diphtheria.....	...	...	
Hooping Cough.....	...	2	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	4	7	...	...	...	...	...	2	...	Hooping Cough.....	1	...
Croup.....	Croup.....	...	...	
Diarrhœa.....	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	4	...	...	...	7	5	...	...	...	...	...	...	...	Diarrhœa.....	1	...
Dysentery.....	1	1	...	...	...	...	...	...	...	...	...	Dysentery.....	...	...	
Asiatic Cholera.....	Asiatic Cholera.....	...	...	
Erysipelas.....	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	Erysipelas.....	...	...	
Continued Fever.....	2	...	...	...	2	...	...	...	...	...	...	...	4	...	...	...	1	...	1	1	...	Continued Fever.....	...	...		
Typhus.....	2	2	...	...	...	...	2	...	...	...	...	4	...	...	...	...	10	18	...	...	...	5	...	5	...	Typhus.....	1	...			
Enteric or Typhoid...	2	...	2	...	...	...	2	1	...	Enteric or Typhoid...	...	...		
Relapsing.....	Relapsing.....	...	...	
Febricula.....	...	2	...	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	9	14	...	...	...	...	...	2	...	Febricula.....	...	...		
Ague.....	Ague.....	...	...	
Rheumatic Fever.....	...	2	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	5	2	1	...	...	...	...	1	...	...	Rheumatic Fever.....	...	...	
Puerperal Fever.....	1	...	...	...	...	1	...	...	Puerperal Fever.....	...	...	
Bronchitis and Catarrh.	3	3	3	2	1	5	3	...	4	5	1	1	4	...	1	3	3	2	44	40	12	...	8	...	9	29	12	...	Bronchitis and Catarrh..	1	1			
Influenza.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	Influenza.....	...	...	
Pleurisy and Pneumonia	1	1	...	...	1	...	...	...	...	...	...	1	...	4	5	...	2	...	...	2	4	2	...	Pleurisy and Pneumonia	...	...	
Phthisis.....	...	1	...	...	...	1	1	...	...	1	2	1	2	...	...	1	1	...	11	16	1	1	3	...	2	7	1	...	Phthisis.....	1	...
Constitutional Syphilis.	...	1	...	...	...	...	...	2	...	1	...	...	1	...	...	2	...	...	7	6	...	1	...	...	...	1	2	...	Constitutional Syphilis..	...	...	
All other Diseases.....	2	4	5	...	3	2	...	9	3	4	3	...	1	22	1	16a	13	7	10	105	116	5	10	18	...	20	53	36	All other Diseases.....	5	2			
Accidents.....	1	...	...	2	1	3	7	1	...	2	...	1	...	...	...	...	18	38	...	2	12	...	...	14	6	...	Accidents.....	...	...	
TOTAL.....	6	17	11	14	5	11	11	14	10	14	10	8	4	30	5	18	23	12	13	236	281	21	18	42	7	33	121	69	TOTAL.....	10	3			

a, 3 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM,
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Dr. F. PAGE.
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10 Mr. H. E. ARMSTRONG.

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21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

THE sixth Monthly Meeting of this Session was held in the Infirmary, on Thursday evening, March 9th, Dr. BURNUP, President, in the chair.

Dr. Blandford, of Coxhoe, was unanimously elected a member of the society.

Dr. Wickham, of Coxlodge, was proposed as a member by Dr. Burnup, Dr. Nesham, and Mr. T. O. Wood. Mr. Shirley Arundel, Gateshead, was proposed by Dr. Page, Mr. Jeaffreson, and Dr. Burnup.

Dr. BURNUP asked if any of the members had any remarks to make upon the prevalent diseases of the neighbourhood.

Mr. LEONARD ARMSTRONG said that small pox still continued to prevail in South Shields. He thought the average number of cases had neither increased nor diminished during the last few weeks. One of the peculiarities of the present epidemic was, that old persons seemed more than usually liable to an attack. He had several persons of seventy years of age under his care, and one patient, aged sixty-one, had died. He had seen one case, in which the patient had previously suffered from the disease, and whose face was already much pitted from small pox, and he had heard of several other such cases in the practice of other gentlemen. In some cases he had seen the eruption of vaccinia and variola proceeding side by side.

Dr. CHARLTON said that small pox had broken out amongst some of the hands in a factory, at Scotswood, where a large number of persons were found never to have been vaccinated; an offer was made to vaccinate the whole of them, but they all refused. In one family, four persons had already been attacked, and one had died; none of these persons had been vaccinated. With regard to

second attacks, he said he knew a gentleman, who, when ten years of age, had well-marked small pox ; at forty years of age, he suffered severely from the same malady. At the time of his second attack, he caused all his servants to be vaccinated, one, however, absolutely refused ; she took the disease, and was severely marked by it.

Dr. WILLIAMSON thought that vaccination had no effect in checking the disease, or modifying the eruption, if it were performed during the incubating stage of small pox. In illustration of this view, he said, that on a certain day, he vaccinated three children, and a week after, when calling to collect lymph, he found two of the three suffering from small pox, the eruption being fully developed, although the vaccine vesicles were in perfect condition. He wished to call the attention of the society to a source of danger which might arise in the collection of lymph, during an epidemic like the present. Having vaccinated a child, he ordered it to be brought to him that day week, but as it did not appear at the appointed time, he called, himself, at the house where it resided, to collect the lymph. Finding the child feverish to a degree far beyond what would be the result of the vaccination, he deferred taking the lymph, and, in the course of a couple of days, the child showed well-marked signs of small pox. Dr. Williamson was of opinion that, in this case, had he taken the lymph, the persons vaccinated with it would, no doubt, have suffered from variola instead of vaccinia.

Mr. LEONARD ARMSTRONG agreed with Dr. Williamson as to the effect likely to have been produced by the lymph taken under such conditions. He further stated that he had seen several cases, in which vaccinia and variola proceeded, side by side, in the same individual ; but this did not invalidate the efficacy of vaccination, when performed sufficiently early.

Mr. LUKE ARMSTRONG wished to know whether you could vaccinate with the lymph taken from a re-vaccinated person ?

Mr. LEONARD ARMSTRONG thought that it was not proper to do so, for the simple reason that it would be without effect.

Dr. DENHAM agreed with Mr. Leonard Armstrong. He said that, in the printed instructions issued to all public vaccinators, they were expressly forbidden to vaccinate from re-vaccinated persons ; and, further, he had never seen pustules, the result of re-vaccination, in which the characteristics of vaccinia were sufficiently developed to warrant the taking of lymph.

Mr. JEAFFRESON said there could be no doubt of the inutility, and, therefore, of the impropriety of vaccinating with the lymph from a case of re-vaccination. He had, himself, tried the experiment under conditions which might be considered most favourable to success ; but, in all cases, he had failed to produce any result. Another

question was, whether it was permissible to vaccinate from the vesicles of an adult who had never been previously vaccinated. He thought, if the history of the person, who bore the vesicle, was free from the suspicion of syphilitic, or other taint, it was perfectly justifiable.

PATHOLOGICAL TRAY.

Mr. LUKE ARMSTRONG exhibited a foreign body removed from the bladder, also a leg amputated for malignant disease.

Dr. B. BRAMWELL exhibited a large fatty tumour.

Mr. A. BELL: Specimen, showing hypertrophic elongation of the intra-vaginal portion of the cervix uteri removed from a patient, aged 36, unmarried. She suffered from complete procidentia and dysmenorrhœa for upwards of six years. The mass weighs exactly one ounce, and the utero-cervical canal measured four inches and a quarter in depth. The operation proved eminently successful, and completely cured the patient of her painful disease.

Dr. T. C. NESHAM exhibited a foetus, which had been sent to him from the country, and with which, he received the following history:—

Mr. Laing, surgeon, was called to attend the wife of a pitman, in her thirteenth confinement, and, on arriviag, he found she had been delivered of a foetus, which presented the following peculiarities:—

External Appearance.—Apparently, a foetus of about six or seven months.—Head, thorax, and upper extremities normal and well developed. Anterior abdominal parietes, deficient. Liver, and intestines, protruding. Pelvis, apparently, rotating on the spine. Two folds of skin, anteriorly, closely resembling the nates, on each of which was developed a small pedicle of integument. In the median line, anteriorly, an orifice, communicating with the internal organs. The inferior extremities were, apparently, twisted; the right knee looking backwards, and the toes bent on the foot, which looked outwards and backwards; the left knee looked backwards and outwards, the toes the same way. Posteriorly, the spinal column was normal—down to the commencement of the lumbar vertebræ—and there, a deficiency could be distinctly felt. The folds over the posterior part of the ilium were perfectly flat. No orifice corresponding to the rectum. No appearance of any external organs of generation. The general appearance of the foetus gave the impression of an almost perfect version of the pelvis on

the spinal column, allowed by the absence, or rudimentary condition of its lower parts ; but the total absence of any description of organs of generation of either sex was very peculiar. The foetus was well nourished, and must have lived to within a few hours of its birth. The placenta, which was expelled with it, was normal in appearance, but somewhat soft and flabby in consistence. The mother was a healthy woman of forty-three years of age, and her other twelve children, of different sexes, free from any deformity. During her pregnancy, the only fright she remembered to have received was in the sixth week, when she experienced a shuddering sensation on seeing a pitman washing the stump of his leg, which had been amputated sometime previously.

Since then, Dr. Nesham has made a dissection of the foetus, when the following position of the parts was discovered :—The upper parts were normal, the thoracic viscera in perfect working order. Liver, kidneys, and intestines, normal, as far as the cœcum, where the intestines terminated in a sac, filled with whitish-looking matter of the consistence of fœces. The spinal column had a lateral curvature in the lower dorsal and upper lumbar regions, with the concavity directed to the left side. The sacrum was merely rudimentary, and was curved forward (the anterior parts only, existing) so as to obliterate the pelvic cavity. The right os innominatum, situated high on the right side, had its acetabulum looking almost directly downwards, and slightly forward, thus allowing the knee to be turned inward and backward. The left os innominatum, owing to the absence of the sacrum, had fallen inwards, its iliac fossa looking outwards, and the acetabulum directed backwards, allowing the left knee to be turned backwards and outwards. There were no internal organs of generation, the external anterior orifice in front, communicating with the bladder, was the urethra. The pedicles on each side of it, probably, corresponded to the labia ; and the uterus and vagina, owing to the absence of any pelvic cavity, were absent. The fold, on the left side, anteriorly, which looked like one of the nates, was made by the adductors—forced forwards and outwards, on the right side, by the tensor vaginæ femoris and rectus, were covered with adipose tissue. Posteriorly, the glutæus maximus was rudimentary, giving the posterior aspect the appearance of the anterior.

ON THE MODERN NOMENCLATURE AND TREATMENT OF PHTHISIS.

By EDWARD CHARLTON, M.D.

For the last forty years it has been considered an established fact, that phthisis, as described by Lænnec, was necessarily connected with tubercular disease. So far, indeed, was this opinion carried, that in many instances the advocates of this doctrine, and indeed we may say the profession at large, refused to admit as phthisis all cases wherein the existence of true tubercle could not be satisfactorily demonstrated. The word tubercular phthisis was the commonly adopted phrase for consumption, and, according to Lænnec, this was a pre-eminently constitutional disease, and one that was hardly susceptible of cure under any circumstances. The old doctrine of the danger of a neglected cold was but very partially admitted; it was tubercle already present that originally produced the mischief, and in no case would a neglected cold produce or excite phthisis, unless the tubercles were there beforehand. If a bronchitis was succeeded by phthisis, it was the presence of tubercles in the lungs that produced the transition, the bronchitis was only a secondary, but never a primary cause. A cure of phthisis, of one of our deadliest constitutional disorders, was hardly to be hoped for. It was true that many cases closely simulated phthisis for a long time, and that yet recovery took place without a trace of the disease remaining. These, it was argued, and generally believed, were not true cases of tubercular disease, they were cases of chronic bronchitis, or of chronic pneumonia, and as such they might get well. In our early days, we accepted a portion of these doctrines implicitly, always excepting that of the incurability of phthisis, which, however, we found hard to reconcile with our own experience. We found evidence, from repeated *post mortem* examinations, so strongly against existing opinions, that we ever upheld the doctrine that phthisis was by no means an incurable disorder. We had cases too repeatedly under our care where, at the first examination of the chest, we found so-called tubercular deposit on the left or right side of the chest; but when after the lapse of a year or two we again examined the patient, the signs of tubercular disease had shifted to the opposite lung, while the lung previously affected had regained completely its healthy condition. We used to argue from this fact that tubercular phthisis could be cured; we now feel sure there was no tubercular disease at all. Again, cases of phthisis pulmonalis, wherein the disease first showed itself by copious hæmoptysis, were most difficult to

account for. We had repeatedly met with patients who had apparently enjoyed good health up to the very day of the first hæmoptysis, and yet shortly after the appearance of this dreaded symptom they had hectic fever, night sweats, and cough, with rapid emaciation, and in a very few weeks they became confirmed consumptives. Surely, if the tubercles were present beforehand and caused the hæmorrhage, they could hardly have been found there without some impairment of the patient's health. We never did, however, fully accept the dictum of Baron Louis, that hæmoptysis without some special cause, such as heart disease or sea scurvy, was invariably a sign of the presence of tubercle in the lungs. We had, however, long ago ceased to regard hæmoptysis with such dire apprehension; we had seen too many cases, where although there was no apparent cause, yet that phthisis did not ensue even after copious and repeated hæmorrhages from the lungs. We have had cases, too, where the patient dated the commencement of his illness from some period of special bodily exertion. Surely, bodily exertion could not, according to Lænnec's doctrine, produce tubercles in the lungs or in other parts of the system. For the last four or five years, the medical journals of Germany have devoted much space to the consideration of this question. But the readers of German, even at the present day, are comparatively few, and hence it is, perhaps, that this almost total revolution in the doctrines of phthisis has attracted but little notice either in England or in France. The great works of Waldenburg, of Oppert, and of Brehmer, have not as yet been translated; but in the last volume of the New Sydenham Society, we have an excellent *resumé* of Niemeyer's doctrines on this subject. Strange, however, is it to us, that little or no notice is taken by any of these writers of the works of one man, an Englishman, and, we are proud to say, a native of the immediate neighbourhood of Newcastle, whose merits were hardly recognised even by his own countrymen. We allude to the late Dr. Addison, of London, who, fully thirty years ago, anticipated almost every point that the German school of medicine believes to have been first established in the Fatherland. We need only refer to the most valuable collection of Dr. Addison's essays on "The Pathology of Pulmonary Disease," published a few years ago by the New Sydenham Society. It is not, however, our intention to enter upon any elaborate exposition of the doctrines alluded to; we shall only refer in a very brief summary to their leading characteristics, which, in our opinion, go far to explain almost all that was previously obscure and contradictory in the previous doctrines of phthisis. In the first place, tubercle is dislodged from its position in regard to pulmonary phthisis; the latter is recognised now as most frequently existing without tubercular disease, and while

many cases are cured, so may many others run their course to a fatal termination, without a single tubercle being found in any part of the body.

2. The dangers of a neglected cold, so much insisted upon by the earlier writers, are by no means exaggerated as regards pulmonary phthisis, for the disease can and does frequently arise from this cause alone. A slight catarrh may be developed into a bronchitis, a bronchitis may progress down the air passages till it reaches their minutest subdivisions, till, in fact, it becomes to all intents and purposes a pneumonia. Or the disease may begin as a pneumonia, and the deposited matter, instead of being absorbed or expectorated, may undergo cheesy degeneration, and become what we formerly regarded as tubercular consolidation, and consequently a constitutional disease. To the followers of Lænnec, this so-called tubercular consolidation was always a stumbling block, and thirty years ago Addison proposed to separate it from tubercular disease, under the name of scrofulous pneumonia. The modern school recognises cheesy degeneration as the secondary stage of phthisis, and maintains that the majority of phthisical cases consist of this condition alone. It is not denied that real tubercle may at times be developed in the cheesy degenerated deposit, but that in most instances phthisis is considered as a mere local disease, the result, as Addison long ago maintained, of true inflammatory action. This doctrine will explain the cures of phthisis that so constantly present themselves to us in practice, and it will likewise account for the migration of the disease from one lung to another, which we before alluded to.

3. Cheesy consolidation does not necessarily soften and break down; it may retrograde, it may dry up and cause shrinking and flattening of the thorax, and this contracted portion of the chest may remain dull on percussion to the end of the patient's life. Lænnec did not admit of this. He maintained that tubercle caused the original consolidation, that if the dulness continued, tubercle was still there, quiescent, indeed, but only awaiting some exciting cause to rouse it into dreaded activity. The few, and few there were, indeed, who believed in the curability of phthisis, were obliged to contend that tubercle could be absorbed, but found this idea most difficult to reconcile with these established doctrines. Gradually, then, as the more recent opinions made their way, so did the hope of cure in pulmonary phthisis revive; and close investigation took place into the peculiarities of those regions where phthisis is unknown. It became a vital question to discover what there was in common in these countries, that could shield the inhabitants from this dreaded disease. If it could be proved that there was an agreement in the geographical position, the meteorology, the geology, or the vegetation, the food, or even the habits of the

people, then would such a coincidence be of the utmost value in determining this important question. Now, the following countries are undoubtedly free from phthisis :—In the North of Europe, in Iceland, and the Faroe Islands, phthisis is absolutely unknown ; in Shetland it was rare till the beginning of the present century. It is unknown also in the Kirghis Steppes of Russia, and on the elevated plains of the Andes in South America. Warm climates, even the most favoured, do not escape the disease, though the bronchitis of phthisical persons is almost always wonderfully mitigated by a prolonged residence in these milder regions. For centuries, indeed, had this circumstance been known, for centuries patients from Northern Europe had sought the shores of the Mediterranean and the balmy air of the Atlantic at Madeira. Before Lænnec's time, while the influence of inflammation in the production of pulmonary phthisis was almost universally admitted, patients at home were treated by strict regimen and sedatives, to relieve the distressing cough. After the revolution of ideas caused by Lænnec and his school, this mode of treatment long prevailed, till it was gradually supplanted in our own day by a more generous diet and by tonic treatment. Quinine and strychnia, the mineral acids, and, above all, cod liver oil, are our chief remedies, but have we learned anything from the careful researches that have been recently made in those countries where phthisis is unknown? And first, as regards Iceland. It is certainly not the cleanliness of the people, their diet, or the purity of the air in their dwelling house, that produces the immunity in question. The Icelandic washes as little as the Norwegian peasant, who is said to come in contact with soap and water but twice in his life, viz., at his birth and his decease ; the Icelandic dwellings are models of unwholesomeness, and the food, consisting of stock fish and rancid butter, is pre-eminently difficult of digestion.

In Faroe, the sanitary condition is little better. The houses are not quite so nearly subterranean dwellings as those of Iceland, more milk, perhaps, is drank, and more flesh meat is eaten, but both fish and flesh is preferred in a putrid state. Few of the Iceland or Feroese houses are situated much above the sea level.

2. In the Kirghis deserts we find a nomad population of nearly a million souls, entirely free from phthisis. These deserts are actually one hundred feet below the sea level, a most untoward circumstance for those who maintain that phthisis is never to be found at a certain elevation. It has been suggested that it is the diet of the Kirghese which preserves them from phthisis. Their principal drink is the fermented mare's milk or koumiss, an agreeable subacid and slightly intoxicating beverage, and to this the immunity from pulmonary phthisis is ascribed. The advocates of this theory would have been greatly delighted had they known

that in Iceland and Faroe the favourite drink is a partially fermented liquor, named Blanda, and that in proportion as this drink has been left off in Shetland, where we often enjoyed it forty years ago, so has phthisis increased in the latter islands. In accordance with this theory, koumiss establishments have been formed near St. Petersburg, and even in Germany, but after some years of trial they were relinquished, and it was decided by the medical profession of Russia that, to profit by the koumiss treatment, you must go and drink it in the Kirghis desert. There is no doubt, however, that, like cod liver oil, koumiss is a most wholesome and fattening beverage, and unlike cod liver oil, it seems to rarely disagree with the weakest digestions. We now come to the high elevation theory, which is just now most vigorously debated in the Continental medical world. Brehmer maintains that in Northern Germany, phthisis hardly exists at an elevation of 1,700 feet above the sea,—but that the level of immunity rises rapidly as we go further south. On the Andes, the high level plains round Caamarca are at the altitude of 8,000 to 10,000 feet. Here, nearly upon the equator, phthisis is unknown, though the disease is extremely frequent along the low coast line of Peru. In Lima, consumption is common, but deaths are comparatively rare from this disease among the better classes, for as soon as the signs of the malady appear, they betake themselves to the higher plains above mentioned, and as long as they remain there the disease makes no progress, but, on the contrary, rapid amelioration of health ensues. Should they, however, return to Lima, and remain there some time the malady may return.

In Switzerland, the experiment of dwelling all the year round at a very great height above the sea has now, for the last four or five years, been fully tried. At St. Moritz and elsewhere in the Engadin, consumptives are braving the almost Arctic winter, at the height of 5,000 feet and more above the sea level. Some have written most enthusiastically about the advantages of this proceeding; others have derived little or no benefit. In North Germany, Brehmer himself has a high level station for consumption at about 1,800 feet above the sea. He believes consumption to be mainly caused by a want of vigour in the circulation, which he asserts is restored as by a strong tonic by a high elevation. But the facts of the low level of the Kirghis Steppes are a terrible stumbling block, which he acknowledges he cannot surmount, while he accounts for the Icelanders immunity by the supposition that the inhabitants of that country have naturally an accelerated pulse. Unfortunately for his theory, it was stated more than sixty years ago, by a yet living observer, that the pulse of the Icelanders is peculiarly slow!

After all then, though our theory of phthisis is, we hope, now more rational, and though our practice is undoubtedly more successful

in this justly dreaded malady, it cannot be said that our knowledge of the disease is by any means complete. We cannot really account for the immunity of certain localities, under such very opposite conditions. The Icelanders, the Feroese, and the Kirghese all, indeed, drink a half-fermented whey drink, of peculiar and somewhat similar character, but on the high levels of the Andes such diet is unknown. It would be curious to ascertain how far the immunity of the high lands of America, is borne out by observation (yet to be made) on the high lands of Central Africa. While we admit the probability of the influence of the fermented drink, the *blanda* and *koumiss* among the Icelanders, the Feroese, and the Kirghese tribes of Russia and Tartary, we cannot deny the good that is effected by a residence at the altitude of 2,000 feet and more for consumptives. It is possible that phthisis may be fostered by some vegetable miasm or sporules, which may not exist at great elevations, in the dry sandy Steppes of Kirghis Tartary, or in the bitter cold of Iceland and Feroe. We can imagine an increase of ozone at great elevations, we can hardly hope to find it so in the sunken Steppes of Tartary. It will, therefore, we think, be obvious to all, that there is much yet that is obscure in the pathology and nature of phthisis. We have, in all probability, made great steps forward in the right direction, yet the subject is by no means exhausted. Perhaps, by spectrum analysis, or by some still more delicate means of investigation yet to be discovered, we may rectify many of our opinions and arrive at a greater perfection of treatment. In our opinion, phthisis pulmonalis is no special and uniform malady; it may arise from various causes and assume various forms, and will, no doubt, require various systems of treatment.

ON THE TREATMENT OF SMALL POX.

BY THOMAS HAYES JACKSON, L.R.C.P., EDINBURGH.

SMALL Pox being so very prevalent in many parts of England, it occurred to me to bring under the notice of this society a mode of treating that fell disease, which has in my hands been very successful.

As I had been accustomed to treat with quinine most cases in which pus was formed, I deemed small pox somewhat analogous to those cases, and began to treat it with quinine also; giving it in grain doses every third hour from the commencement of the disease,

(and eleven years has made me well pleased with this mode of treatment) giving at the same time good restorative diet, as, beef tea, mutton broth, milk, eggs, jelly, &c., with wine and brandy ; ensuring the strictest attention to cleanliness and ventilation, and keeping the bowels regular by means of castor oil or liquor sennæ.

If my patients were restless at night, a dose of Dover's Powder was administered with benefit ; and if cough was a troublesome symptom, an anodyne-expectorant usually relieved it.

By these means, I found my patients progress very favourably indeed,—with less pitting, and I think, the pustules arrived at maturity earlier than usual. As a local means of preventing pitting, I puncture the pustules on the face with a needle or fine lancet, and then order them to be bathed with warm water.

En passant, Baron Dupuytren is said to have gilded the face of some great beauty, and with happy success—fortunately, “ for both maid and matron hold their beauty dear.”

Some years ago, I attended five cases (one, a baby) of small pox in one room, none of them being vaccinated—a more horrible sight I never witnessed. They were treated with quinine, and made excellent recoveries, and were very slightly marked.

Three recent cases, one, a woman over fifty years of age (a very severe case) ; the second, an old man, aged 72, crippled from rheumatism ; and the third, an aged man, having purpura hæmorrhagica, were all treated with quinine, and recovered well.

REMARKS ON A CASE OF ULCERATION, SURROUNDING THE MEATUS URINARIUS, OF TEN YEARS' DURATION.

By ANTHONY BELL.

Mrs. D——, from Willington Quay, consulted me a short time ago for ulceration of the vagina ; it was some time before her husband would permit her to place herself under my care, owing to the severe treatment she had undergone without producing any beneficial result, also the serious expense incurred during her illness. Previous to my seeing the patient, I had been given to understand by several of her friends that she was suffering from cancer of the womb, and from the description they gave me of her case, I had certainly jumped to the conclusion that Mrs. D——

must be suffering from some incurable cancerous ulceration of the vagina or its neighbourhood. On more minute enquiry, I ascertained that ulceration had commenced shortly after her first confinement, which happened on the 24th of January, 1858, making its appearance at the lower part of the vagina, but as time rolled on, it gradually extended upwards. For the last three years she has suffered from incontinence of urine, whereas, she had previously suffered from its retention ; but whether suffering from incontinence or retention, whenever she passed water, it was always extravasated upon the ulcerated parts, proving a constant source of irritation. Mrs. D—— had been under several practitioners, and all sorts of treatment had been adopted in the way of lotions, ointment, and medicines internally, but without producing the slightest benefit. At one time, she was confined to bed for a period of three months, during which she was cauterised three times a day with no better result. She was unable to walk or move about, her suffering was so great—and was compelled to bathe the parts with warm water two or three times a day, following it up by the application of fuller's earth or violet powder, from which, alone, she derived any relief. Whilst listening to the history of the case, I was certainly struck with the absence of any cancerous cachexia, or other sign of physical debility, such as one might expect to meet with in a patient that had suffered from ulceration for so long a period. The sketch which I have made will exhibit the appearances of the parts affected, as they presented themselves on my first examination :—1st, ulceration—2nd, meatus urinarius—3rd, prolapsus of the bladder, and the complete exposure of the vagina. From the fact of the perinæum having been removed, I came to the conclusion that this had been caused by its laceration during her first labour, and judged that if this should turn out to be the case, the treatment previously adopted could not possibly afford relief : and that what was in the first instance required was the re-establishment of the perinæum. For so long as it remained absent, the pelvic viscera were deprived of their natural support, followed by the displacement of these organs and the abnormal position of the urethra, the result of which would be a continual source of irritation from the extravasated urine. The first step, then, was to re-establish the perinæum before we could expect to cure the ulceration. This I did in the usual way, and the results were completely successful. At the present time, three months since the operation, the patient is quite recovered, and able to attend to her household duties.

Gentlemen, the only apology I can offer for troubling you with this case to-night, is, that I am particularly anxious to hear if any of the members have met with a similar one, or if not, if any other light can be thrown upon it to show whether the urine could have proved, not only the exciting, but the true cause of this ulceration.

If we are satisfied the urine could have given rise to both, then, certainly, the case is one of great simplicity, and shows how important it is that we should not only be able to detect the immediate, but also the primary cause, should any exist, before we can expect to effect a radical cure. Constitutional and local treatment could never have proved of the slightest benefit in this case, as has been shown by the previous history, so long as the urine was permitted to come in contact with the ulcerated parts. The case is also interesting as affording an example of showing how very nicely one cause is mechanically dependant on another; more especially do we find this the case in regard to diseases and other abnormal conditions in connection with the viscera of the female pelvis. First, then, as in this case, laceration of the perinæum, occurring during the patient's first labour, depriving the pelvic viscera of their natural support, followed in turn by prolapsus of the anterior wall of the vagina, or, more correctly speaking, the posterior wall of the bladder, bringing down with it the os and cervix uteri. Those conditions, with their subsequent symptoms, including retention of urine, producing dilatation of the neck of the bladder to such an extent as to slightly shorten the urinary canal, —not only to shorten it, but to alter its almost parallel position with the vagina to that of an acute angle, so that the urine, instead of being passed directly downwards, whenever the patient had occasion to micturate, it was thrown upwards on to the clitoris, trickled down between the folds of the labia major and minor into the little moat that surrounds the external urinary meatus, and from its acrid and concentrated condition producing inflammatory action to such an extent as to gradually pass into deep-seated irritable ulceration. Then, the re-establishment of the perinæum, by operation in the ordinary way, affording the pelvic viscera their natural support, —followed by the return of the prolapsed bladder, and os and cervix, bringing with them the urinary canal into its normal position, so that the patient was able, six weeks after the operation, to pass her water directly downwards, without permitting it to come in contact with the ulcerated parts, and the ulceration curing itself. Dr. Arnison and Dr. Angus saw this case, and very kindly assisted me in the operation.

Dr. ELLIS said he had listened with interest to Mr. Bell's paper. He was anxious to know if such cases were common, and thought Dr. Gibson would kindly give the society his experience.

Dr. GIBSON said that, no doubt, rupture of the perinæum did produce procedentia utero and interruption to the functions of the bladder and other pelvic organs. He had never met with a case similar to Mr. Bell's, but he could readily understand its existence, and the rationale of the operation.

Mr. BELL remarked that he had seen cases of lacerated perineum followed by the conditions just alluded to by Dr. Gibson and himself, but he had not met with ulceration in a single case; to be accounted for, from the fact of the urine not being constantly extravasated upon the parts.

ON A CASE OF COMPOUND DISLOCATION OF THE KNEE.

BY RICHARD T. MANSON, L.R.C.P. EDIN., &c.

COMPOUND dislocation of the knee in the particular form of it which occurred in the case I am about to describe, is an accident of such rarity, that I believe I am justified in bringing it before you.

My patient died; but if a surgeon records only his successes, and shirks any mention of cases from which something may be learned, but in which the result has been nothing brilliant, he can hardly be actuated by that desire for the advancement of the science and art of surgery, which ought to characterise the man who loves his work for the work's sake, and not exclusively for the £ s. d. it produces.

On Friday, February 3rd, I was called to attend an accident at North Bitchburn Colliery, and found a man (J. T.) suffering from a compound dislocation of the knee.

The tibia was dislocated forwards—the end of the femur protruding through the ham, with the popliteal vessels tightly stretched over it. There was not much hæmorrhage, nor any laceration of the popliteal artery.

Having ascertained the severity of the injury, I procured the kind assistance of my friend, Mr. Thwaites, of Bishop Auckland.

Pulsation was uninterrupted through the popliteal, and though the femur was freed from any connection, by ligament, with the tibia and fibula, we determined to try to save the leg.

This could only be done, as we judged, by removing the articular surfaces of the femur and of the tibia—in fact, by the excision of the joint.

I sawed off both the condyles of the femur, but instead of carrying out our original intention, I felt unwilling to further disarrange the parts by turning the head of the tibia out of the wound, in order to remove its articular surface, and, in opposition to the opinion of my friend, I decided to let it alone.*

*See Erichsen's Surgery, 4th edition, p. 325, for a successful case, so treated.

The femur was returned through the wound, the lips of which were brought into apposition, and sutured, and long interrupted splints were applied.

I watched the case carefully, and all appeared to go on well until the evening of the 7th, *i.e.*, four days after the excision, when I noticed that the temperature of the limb was falling.

On the 8th, the foot was cold, and there was no doubt but that the circulation was obstructed. I opened out the dressings, and found that mortification had begun.

Mr. Thwaites met me again over the case, and agreed as to the necessity for immediate amputation, and I accordingly, removed the leg by what may be termed a modified Teale's operation, making the anterior flap by an incision from the inner angle of the original wound, down the side of the knee, to below the lower edge of the patella, and so, round to the outer angle of the wound, and reflecting. The posterior flap was made by the accident.

After the popliteal had been seized by the forceps, it slipped from their grasp; but, although Mr. Thwaites had ceased to compress the femoral, there was no spout of blood, as was the case from a smaller artery in the stump.

The blood flowed freely, but not as might have been expected from so important a vessel.

Only two ligatures were necessary, and after they had been applied, we waited, at least, a quarter of an hour, before closing the wound. The pulsation of the popliteal artery could be clearly seen—the ligature was well up, and all was apparently safe.

This was on the Wednesday.

I saw the man on the Thursday, and all seemed going on well.

On Friday morning, I put a clean pillow under the stump, and, with the exception of some crepitation, and a greater absence of pain in the stump than usual, I saw nothing to occasion immediate alarm: but that afternoon, *i.e.*, 45 hours after the amputation, I was sent for, and on my arrival, found the poor fellow pulseless, blanched, and dying. He died in four or five minutes.

The account given by the friends was, that he asked for the vessel in which he made water—a pickle jar. It was given him, when he called out, "Oh mother, something has given way." His mother went to the bed, put her hand under the clothes, withdrew it covered with blood, and sent for the doctor.

I should mention that I live some little distance from the man's house, and that probably half an hour elapsed before I got there.

I asked permission to examine the stump, but was unable to overcome the prejudices of the man's wife, and to ascertain the actual cause of death.

I have gone into details that may have appeared superfluous, but,

looking over the case with a view to learn anything from it, the consideration of those details is necessary.

The man died from hæmorrhage, and it is very clear that hæmorrhage came from the popliteal, and that either the ligature slipped, or that the artery, having been subjected to so severe a strain, had been injured about or above where the ligature was applied, and, so, eventually gave way.

Considering that it was four full days after the accident before that injury to the popliteal showed itself, which necessitated amputation—the care which was taken to avoid secondary hæmorrhage by waiting—the fact of the stream of blood being in some degree obstructed, and that 45 hours elapsed, I am disposed to the latter view.

What I have learned from the case is, that although pulsation should be perfect through the popliteal, as it was, to all appearance, in this case, I would, in a similar accident, perform primary amputation, and that I think I should trust to torsion of a stretched artery, rather than to ligature, for I should expect that if the artery were weakened, it would, under torsion, give way at the damaged or weak point, whilst it was under observation, and when means were at hand for preventing fatal hæmorrhage.

Mr. JEAFFRESON said, Mr. Manson's paper illustrated a principle of modern surgery, which was now pretty generally recognized, viz., the danger of performing excision in cases of severe injuries of the knee joint. The experience of the last continental, and other wars, had fully borne out the soundness of that principle, and, in hospital practice, it was generally acted up to. He believed the pathology of Mr. Manson's case to have been this :—At the time of the dislocation of the femur backwards, the popliteal was stretched to such an extent as to cause the middle and inner coats of the artery, which were less elastic than the outer, to give way. At this spot, a coagulum would form, blocking up the artery, and producing gangrene of the limb. Had this unfavourable circumstance not occurred, he thought that a lengthened period must have ensued before the newly sawn end of the femur would have become united to the tibia, from which the cartilages had, apparently, never been removed.